

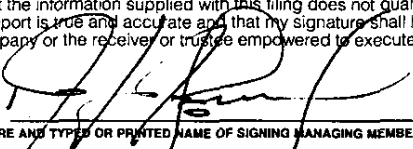


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000006123					
1. Entity Name SOFAEXCOL USA, LC					
Principal Place of Business 2900 BRICKELL AVE MIAMI, FL 33129			Mailing Address 2900 BRICKELL AVE MIAMI, FL 33129		
2. Principal Place of Business C/O Glinsky 169 E. Flagler St Suite 1118 Miami, FL 33131		3. Mailing Address C/O Glinsky 169 E. Flagler St Suite 1118 Miami, FL 33131			
4. FEI Number 65-1014958				10212004 REIN-LLC CR2E101 (6/04)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SOTO, HERNANDO 2900 BRICKELL AVE MIAMI, FL 33129			7. Name and Address of New Registered Agent Name Soto, Hernando Street Address (P.O. Box Number is Not Acceptable) C/O Glinsky 169 E. Flagler Street Suite 1118 Miami FL 33131		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, HERNANDO 33 SW 23 RD MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, HERNANDO C/O Glinsky 169 E. Flagler St Ste 1118 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042161034 10/25/04--01074--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
REINSTATEMENT 2004					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			10/21/04 305-358-4466		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		