

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2006 APR 18 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L00000009294**

1. Limited Liability Company's Name  
**TATI REAL ESTATE HOLDINGS, L.L.C.**

2. Principal Office Address <b>1000 SOUTH POINTE DRIVE</b>		3. Mailing Office Address <b>1000 SOUTH POINTE DRIVE</b>	
Suite, Apt. #, etc. <b>2702</b>		Suite, Apt. #, etc. <b>2702</b>	
City & State <b>MIAMI BEACH FL</b>		City & State <b>MIAMI BEACH FL</b>	
Zip <b>33139</b>	Country <b>US</b>	Zip <b>33139</b>	Country <b>US</b>

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida **08/03/2000**

6. FEI Number **22-3744244** Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED

CR2E041 (8/05)

*ryk*

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8. Name and Address of Current Registered Agent

Name  
**HIQ CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number is Not Applicable)  
**1574 VILLAGE SQUARE BLVD**

Suite, Apt. #, Etc.  
**S-100**

City  
**TALLAHASSEE**

State  
**FL**

Zip Code  
**32309**

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05/02/06 01035-005 \*\*\*05.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date **04/18/2006**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR/MBR	HELIO GUSMAO	1000 SOUTH POINTE DRIVE	MIAMI BEACH, FL 33138
MEMBER	IVAN NEWLANDS MONIZ FREIRE	AV. EPITACIO PESSOA, 1952/702	RIO DE JANEIRO, RJ, BRAZIL
MEMBER	FLAVIO NEWLANDS MONIZ FREIRE	AV. AFONSO DE TAUNAY 118/102	BARRA DA TIJUCA, RJ, BRAZIL
<b>REINSTATEMENT 2003-2006</b>			

11. I certify that I am managing member/manager of the receiver or trustee empowered to complete this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been corrected, the limited liability company name satisfies the requirements of section 608.106, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Date **4/17/06** Daytime Phone # **917-282-9867**

Typed or printed name of signing Managing Member/Manager **Helio Gusmao, Managing Member**