

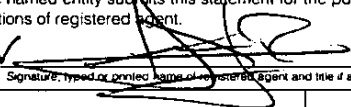
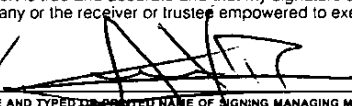


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAY 17 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L00000011701</b><br>1. Entity Name<br>CROW LATIN AMERICA, LLC  |   |  |  |   |  |
| Principal Place of Business<br>5753 NW 151 STREET<br>MIAMI LAKES, FL 33014   |   |  | Mailing Address<br>5753 NW 151 STREET<br>MIAMI LAKES, FL 33014 |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>8191 NW 91 TERR.<br>Suite, Apt. #, etc.<br>10A   |   | 3. Mailing Address<br>8191 NW 91 TERR.<br>Suite, Apt. #, etc.<br>10A                                       |  |    |  |
| City & State<br>MEDLEY, FL   |   | City & State<br>MEDLEY, FL   |  | 4. FEI Number<br>65-1042646  |  |
| Zip<br>33166   |   | Country<br>USA   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>RAPETTI, ANTONIO<br>5753 NW 151 STREET<br>MIAMI LAKES, FL 33014   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>8191 NW 91 TERR., #10A<br>City MEDLEY FL Zip Code 33166 |  |
| 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 05/09/07   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$100.00</b>   |   | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | Make check payable to<br><b>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>RAPETTI, ANTONIO A<br>3443 N.E. 166 ST<br>N.M.B., FL 33160 | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 8191 NW 91 TERR., #10A<br>MEDLEY, FL 33166                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 300103289433<br>05/25/07--01025--018 **100.00                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | REINSTATEMENT   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  DATE 05/09/07  |   |  |  |  |  |