PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011746

1. Limited Liability Company's Name

CFPJ, LLC

REINSTATEMENT 2001

2. Principal Office Address
1627 BRICKELL
Suite, Apt. #, etc.
3000
City & State
MIAMI, FL
Zip
33129
Country
USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
X Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED X $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CARLOS M. JUSTO

100004658401--6
-10/30/01--01002--026
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)
1627 BRICKELL
Suite, Apt. #, Etc.
3000
City
MIAMI
State FL
Zip Code 33129

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 _____ REGISTERED AGENT MUST SIGN
Date 10/17/01

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	JUSTO, CARLOS M.	1627 BRICKELL AVE, #3000	MIAMI, FL. 33129

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution (if any) has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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 _____ Date 10/17/01 Daytime Phone # 305-858-5110

typed or printed name of signing Managing Member/Manager

CR2E041 (9-01)