

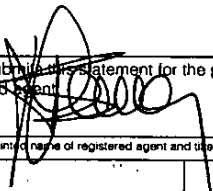
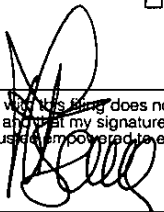


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 18 AM 11:03

<b>DOCUMENT # L00000013092</b> 1. Entity Name <b>OMNI WEST GROUP, LLC</b>					
Principal Place of Business <b>1655 MERIDIAN AVENUE MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>2900 PRAIRIE AVENUE MIAMI BEACH, FL 33140-3423 US</b>		
2. Principal Place of Business <b>2900 Prairie Avenue</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Miami Beach, Florida</b> Zip <b>33140-3423</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-1059850</b>	
Country <b>USA</b>		Zip <b>33140-3423</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARRACCA, MASSIMO 1655 MERIDIAN AVENUE MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2900 Prairie Avenue</b> City <b>Miami Beach</b> FL Zip Code <b>33140-3423</b>		
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 			DATE <b>01/12/06</b>		
<b>FILE NOW!!! FEE IS \$200.00</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRACCA, MASSIMO 1655 MERIDIAN AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2900 Prairie Avenue Miami Beach, FL 33140-3423</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRACCA, MASSIMO 1655 MERIDIAN AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200065070712 02/02/06--01010--018 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRACCA, MASSIMO 1655 MERIDIAN AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 05-06</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRACCA, MASSIMO 1655 MERIDIAN AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/12/06 (305) 753 2230
11. I hereby certify that the information supplied was 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					