


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 AM 10:26

DOCUMENT # L01000002427 1. Entity Name MASHTA PROPERTIES, L.C.	
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Principal Place of Business 250 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149	Mailing Address 250 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149
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2. Principal Place of Business 287 W. MASHTA DRIVE Suite, Apt. #, etc. KEY BISCAYNE, FLORIDA City & State	3. Mailing Address 287 W. MASHTA DRIVE Suite, Apt. #, etc. KEY BISCAYNE, FLORIDA City & State	4. FEI Number 04052005 REIN-LLC CR2E101 (6/04) Applied For <input type="checkbox"/> Not Applicable	
Zip 33149	Country U.S.A.	Zip 33149	Country U.S.A.



6. Name and Address of Current Registered Agent THOMSON, JOHN M ESQ. 370 MIMOREA AVE. SUITE ONE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em; opacity: 0.5;">REINSTATEMENT 04-05</div> City <div style="text-align: right;">FL</div> Zip Code
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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 \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM MASHTA PROPERTIES, LTD. <input type="checkbox"/> Delete	TITLE	200056033192 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 4911588	STREET ADDRESS	06/10/05--01069--001 **100.00
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALES, XAVIER	NAME	
STREET ADDRESS	250 CAPE FLORIDA DR	STREET ADDRESS	287 WEST MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALES, VANESSA	NAME	
STREET ADDRESS	250 CAPE FLORIDA DR	STREET ADDRESS	287 WEST MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **XAVIER ROSALES, PRESIDENT** 4/05/05 (786)367-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #