


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 26 PM 1:28

DOCUMENT # L01000002756

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

OMA PROPERTY INVESTMENTS, LLC

04

900080312229
09/29/06--01063-008 **150.00
CR2E041 (8/06)

2. Principal Office Address 2445 SW 19 AVE.		3. Mailing Office Address 2445 SW 19 AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145	Country US	Zip 33145	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02-21-2001	
6. FEI Number 65-1077537	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
OSCAR RAMIREZ, JR.

Street Address (P.O. Box Number is Not Acceptable)
2445 SW 19 AVE.

Suite, Apt. #, Etc.

City
MIAMI

State
FL Zip Code
33145

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

Date

REGISTERED AGENT MUST SIGN

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
P	OSCAR RAMIREZ, JR.	2445 SW 19 AVE.	MIAMI, FL 33145
V	OSCAR RAMIREZ, SR.	2445 SW 19 AVE.	MIAMI, FL 33145

REINSTATEMENT **2004-2006**

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 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 **09-25-06**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **OSCAR RAMIREZ, JR.**

L01000002756

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I NEVER RECEIVE THE FIRST NOTICE OF THE 2004 ANNUAL REPORT FORM. I AM ENCLOSING THE COMPLETED FORM ALONG WITH A CHECK TO PROPERLY UP-DATE MY CORPORATION.

THANK YOU FOR ALL YOUR HELP IN THIS MATTER AND IF YOU HAVE ANY QUESTION PLEASE DO NOT HESITATE TO CONTACT US.

CORDIALLY YOURS,



OSCAR RAMIREZ, JR.
PRESIDENT