

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE

FILED

3 APR 10 PM 1:48

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L01000003477

1. Limited Liability Company's Name

ARMANDO LOPEZ-LIMA, LLC

200015758422 04/11/03--01063--017 **205.00

2. Principal Office Address

520 Zamora Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

3-7-2001

6. FEI Number

04-3667673

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

Coral Gables

City & State

Zip

33134

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

LOPEZ LEVI & Associates, LLC

Street Address (P.O. Box Number is Not Acceptable)

223 Catalonia Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

4-9-03

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
President	Armando A. Lopez-Lima	223 Catalonia Ave.	Coral Gables / FL / 33134

REINSTATEMENT 02-03

11. I certify that I am managing member/manager of 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

4-9-03

Daytime Phone #

(786) 286-1135

Typed or printed name of signing Managing Member/Manager

Armando A. Lopez-Lima