
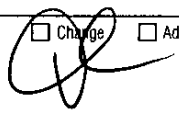


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000009388 1. Entity Name LA MAISON DE L' ENTRECOTE, LLC					
Principal Place of Business 11479 NW 76 ST DORAL, FL 33178			Mailing Address 11479 NW 76 ST, DORAL, FL 33178		
2. Principal Place of Business - No P.O. Box # 11264 NW 78 ST		3. Mailing Address 11264 NW 78 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DORAL FL ?		City & State DORAL, FL		4. FEI Number 65-1111842	
Zip 33178.		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178		7. Name and Address of New Registered Agent Name ALLIEGRO, EDMUNDO Street Address (P.O. Box Number is Not Acceptable) 11264 N.W 78 ST City DORAL FL Zip Code 33178.			
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 <u><i>Edmundo Alliegro</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11264 NW 78 ST DORAL, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NERI, NERIO 11479 NW 76 ST DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11264 NW 78 ST DORAL, FL 33178.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200109888502 09/25/07--01042--009 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200109888502		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Edmundo Alliegro</i></u> 09/19/07 3057176766.					