

L01000009849

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
OCT 20 - PM 1:13  
TALLAHASSEE, FLORIDA  
600024016603  
10/23/03--01003--011 \*\*150.00

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L01000009849

**1. Limited Liability Company's Name**  
JOGA PROPERTIES, LLC

<b>2. Principal Office Address</b> 5600 COLLINS AVENUE Suite, Apt. #, etc. 10C City & State MIAMI BEACH, FL Zip 33140 Country U.S.A.		<b>3. Mailing Office Address</b> 5600 COLLINS AVENUE Suite, Apt. #, etc. 10C City & State MIAMI BEACH, FL Zip 33140 Country U.S.A.	
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<b>4. State/Country of Formation</b> FLORIDA, U.S.A.	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/20/2001	
<b>6. FEI Number</b> N/AE	<b>Applied For</b> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name  
ANDRES F. CORTAZAR

Street Address (P.O. Box Number is Not Acceptable)  
5600 COLLINS AVENUE

Suite, Apt. #, Etc.  
10C

City  
MIAMI BEACH

State  
FL

Zip Code  
33140

**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 Andres Cortazar Date 10-10-03

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
MGR	ANDRES CORTAZAR	5600 COLLINS AVENUE, 10C	MIAMI BEACH, FL 33140

**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 Andres Cortazar Date 10-10-03 Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager ANDRES CORTAZAR

CR25041 (10/02)