## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # L01000010283 1. Entity Name FIESTA LAPERUSA INVESTMENTS LLC Principal Place of Business 502 REGENT STREET, SUITE 401 LONDON UNITED KINGDOM W1B 3HH, XX 2. Principal Place of Business 3. Mailing Address IZZO D. Market St. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Spt. #, etc. 103302006 REIN-LLC

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JUN -2 AM 8:51

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2. Principal Place of Business		3. Mailing Address								
		1770 N. Market St.		(4)		# 168 #1   Hr## (4)	BEI (6) 188)			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03302006	REIN-LLC CR2E10	01 (11/05)				
City & State	2	Su: fe 804 City & State		4 551 November		` ,	alled For			
City & State	5	Wilmington DE		4. FEI Numi	PPLICABLE		plied For t Applicable			
Zip	Country	Zio . L.	Country			5.00 Add	<del>''</del>			
,		19801	USA	5. Certificat		ee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
EL OBIDA I	EL ODIDA ELLANO A OFADOLLODIVIDEO			Name						
	FILING & SEARCH SRVICES TH DUVAL STREET		Street A	Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32303									
		City			FL	Zip Code	9			
8 The above	named entity submits this statement for	the oursess of changing its re	acistored office o	r registered agent, or b						
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.										
0.00.07.005				00 /10	3007525312 ://s=_n:n:sn:? *	≝100 00 *100 00	•			
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent sign	seture required when reinstatin		* Thir th	<u>;</u>			
							4.			
FILE	NOW!!! FEE IS \$100.00	In accordance with s.			Make check pa					
		liability company did r	not receive the	prior notice.	Florida Departme	int of State	<del>;</del>			
9.	MANAGING MEMBER	I RS/MANAGERS	10,		ADDITIONS/CHANGES					
TITLE	MGRM	☐ Delete	TITLE	Nember	7.0011101107 0711 41020	Change	☐ Addition			
NAME	RAYNER, CRAIG A MR 12260 WILLOW GROVE ROAD STREE			Craig Rayner						
STREET ADDRESS				ET ADDRESS 16 Island View Avenue, -SI-ZIP Friars Cliff, Christchurch, UK						
CITY-ST-ZIP										
TITLE	MGRM	☐ Delete	TITLE	Member		<b>C</b> hange	Addition			
NAME	RAYNER, SYLVIA MRS			Sylvia Rayne						
STREET ADDRESS				16 Island View A Friars Cliff, Chris						
CITY-ST-ZIP	CAMDEN, DE 19952 CITY-S			Member						
TITLE	MGRM	☐ Delete	TITLE NAME	Ranald Rayner		Change	Addition.			
NAME STREET ADDRESS	RAYNER, RONALD MR 12260 WILLOW GROVE ROAD, BLDG #2			16 Island View Av						
CITY-ST-ZIP	CAMDEN, DE 19952			Friars Clift, Christchurch, UK						
TITLE	MGRM	Delete	TITLE	Member		Change	Addition			
NAME	RAYNER, MARK MR	<b>94</b> 00000	NAME	Mark Rayner		~				
STREET ADDRESS	7			T ADDRESS Suite 401, 302 Regent Street, London W1B 3HH, UK						
CITY-ST-ZIP										
TITLE		☐ Delete	TITLE	Manager		<b>C</b> hange	Addition			
NAME			NAME		rakov ovskanja St. 50 A	0+·Z				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			r	-0			
				Odrssa ,	Ukraine					
TITLE NAME	}	☐ Delete	TITLE NAME			Change	Addition			
STREET ADDRESS			STREET ADDRESS	PRINGLIN		nl.				
CITY-ST-ZIP			CITY-ST-ZIP		10 (2000) II (2000) II (2000) II (2000)		E 1,3			
11 Lhereby	certify that the information supplied with	this filing does not qualify for t	he exemptions c	ontained in Chapter 119	Florida Statutes 1 further certify	that the info	rmation			

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:			4/25	/06	302-421-5750	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date	Daytime Phone #	