L01000012518

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 23 PM 12:31

LL 09/30/04

DOCUMENT # L01000012518

1. Limited Liability Company's Name
LA CASA, L.L.C.

REINSTATEMENT 2003-2004

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 419 AMELIA STREET | 419 AMELIA STREET |
| Suite, Apt. #, etc. C/O DOUGLAS HOUSE | Suite, Apt. #, etc. C/O DOUGLAS HOUSE |
| City & State KEY WEST | City & State KEY WEST, FL |
| Zip 33040 Country USA | Zip 33040 Country USA |

4. State/Country of Formation: FLORIDA, USA
5. Date Organized or Qualified To Do Business In Florida: 7/26/01
6. FEI Number: ✓ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: MICHAEL BROWNING
Street Address (P.O. Box Number is Not Acceptable): 402 APPELROUTH LANE
Suite, Apt. #, Etc.:
City: KEY WEST State: FL Zip Code: 33040

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: [signature] REGISTERED AGENT MUST SIGN Date: 7/19/04

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/ Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | ROBERT G. MARRERO | 419 AMELIA STREET | KEY WEST, FL 33040 |
| | | | 900041525769 10/01/04--01017--011 **150.00 |
| | | | 2003-2004 |
| | | REINSTATEMENT | |
| | | | 900041525769 10/01/04--01017--012 **50.00 |

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: Robert Marrero Date: 7/8/04 Daytime Phone: (305) 294-5269

Typed or printed name of signing Managing Member/Manager: