

L01000014245

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -9 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014245

1. Limited Liability Company's Name:
Coral West Village LLC

B/K

300025430463
12/11/03--01065--009 **158, 75

2. Principal Office Address 250 CATALONIA AVE. Suite, Apt, #, etc. SUITE 706 City & State Coral Gables, FL Zip 33134		3. Mailing Office Address 250 CATALONIA AVE. Suite, Apt, #, etc. SUITE 706 City & State Coral Gables, FL Zip 33134		4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 8/22/2001	
County Dade		County Dade		6. FEI Number 65-1118385		Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Lizabeth F. Calvo
Street Address (P.O. Box Number is NOT Acceptable) 328 Crandon Boulevard
Suite, Apt. #, etc. Suite 226
City Key Biscayne
State FL
Zip Code 33149

REINSTATEMENT 2003

B/K

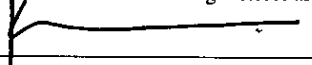
9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  12/8/03 Date _____
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
Manager	RINALDI, HUMBERTO	250 CATALONIA AVE.	Coral Gables FL 33134
Manager	KAHR, FEDERICO	MARTIN ZAPATA 552	MENDOZA ARGENTINA
Manager	COLMENERO, ROBERTO	808 BRICKELL KEY DIRVE UNIT 2905	Miami FL 33131
Manager	CENTENO, MIGUEL	E1 PARRAL 2264 DPTO 123	MENDOZA (5500) ARGENTINA

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  Date 12/8/2003 Daytime Phone # 305-365-0902

Type or print name of signing Managing Member/Manager RINALDI, HUMBERTO, Manager
Karla Sarria, Vice President