PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000014558

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # L01000014558

1. Limited Liability Company's Name

AMALFI GROUP, LLC

2. Principal Office Address		**3.** Mailing Office Address	
717 Ponce De Leon Blvd.		717 Ponce De Leon Blvd.	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country US	Zip 33134	Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 8/27/01

6. FEI Number: 651133394

7. CERTIFICATE OF STATUS DESIRED XX $5.00 Additional F for a Certificate

8. Name and Address of Current Registered Agent

Name: RAMON PORTELA

Street Address (P.O. Box Number is Not Acceptable): 717 Ponce De Leon Blvd.

10/03/03 --01023--016 **155.00

Suite, Apt. #, Etc.: Suite 230

City: Coral Gables | State: FL | Zip Code: 33134

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 _____ REGISTERED AGENT MUST SIGN Date 10/2/03

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	Ramon Portela	717 Ponce De Leon Blvd. #230	Coral Gables, FL 33134
Mgr	Carmen Adriana Portela	717 Ponce De Leon Blvd. #230	Coral Gables, FL 33134

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REINSTATEMENT 2003

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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 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 tha 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 effec as if made under oath.

Signature of Managing Member/Manager _____ Date 10/2/03 Daytime Phone # (786) 268-0286

Ramon Portela

Typed or printed name of signing Managing Member/Manager Ramon Portela