

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015098

Name and Mailing Address

0005841 01 AT 0.292 **AUTO T3 0 0615 33130-300399



DESARROLLO EMPRESARIAL LLC
80 S.W. 8TH STREET, SUITE 2011
MIAMI FL 33130-3003



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/05/2001	
Principal Place of Business 80 S.W. 8TH STREET, SUITE 2011 MIAMI FL 33130	3. New Principal Place of Business Address	6. FEI Number 65-1137500	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 REQUIRED** Date 12-12-03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ALEJANDRA VILORIA, MARIA	80 S.W. 8TH STREET, SUITE 2011	MIAMI FL 33130
300024375003 11/03/03--01058--005 **150.00			
REINSTATEMENT <u>2003</u>			
M THOMAS			

12. 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 **SIGNATURE REQUIRED** Date 10/29/03 Daytime Phone # (617) 839-9014

Typed or printed name of signing Managing Member/Manager