

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 27 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12232004 REIN-LLC CR2E101 (6/04)

| | |
|---|--|
| DOCUMENT # L01000018559 | |
| 1. Entity Name F & J REAL ESTATE LLC | |

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|--|--|
| Principal Place of Business 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 | Mailing Address 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 |
|--|--|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1154688 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | FL Zip Code | |

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.

SIGNATURE [Signature] DATE 12.22.04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARBIERI, MARIA VIRGINIA 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600043651896 12/27/04--01088--015 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CASTILLO, ALVARO 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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REINSTATEMENT 04

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] Alvaro Castillo Manager DATE 12-22-04 (305) 571-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE