L01000019390

(Requestor's Name)

(Address)

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Vila & Padron, P.A.
Requestor's Name
2100 Salzedo St. #300
Address
Coral Gables, FL 33146.
City State ZIP Phone
461-4888 c

VALIDATION ONLY

CORPORATION(S) NAME

Villa Calabria, L.L.C.

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( ) Profit
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( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000019390

1. Limited Liability Company's Name

VILLA CALABRIA, L.L.C.

2. Principal Office Address	3. Mailing Office Address
4535 Ponce de Leon Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State:
Zip: 33146 / County: Dade	Zip: / Country:

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 11/8/01

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

Name: Carlos E. Padron, Esq., (Vila & Padron, P.A.)

Street Address (P.O. Box Number is Not Acceptable): 2100 Salzedo Street

Suite, Apt. #, Etc.: Suite 300

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: _____ Date: 10/18/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	HARVEY HERNANDEZ	4535 Ponce de Leon Blvd.	Coral Gables, FL 33134

1. 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: HARVEY HERNANDEZ Date: 10/18/02 Daytime Phone #: 305-461-4888