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	PLF & RE	AL MANAGE	N PF ORF	N AF	HIS ORM!""
c	COMPANY ISTATEMENT	Secreta	RTMENT OF STATE ry of State corporations		FILED 03 DEC 26 AM 10: 16
1. Limited	JMENT # L0/000 Liability Company's Name NTA REAL ESTATE INVE	020483 ESTMENTS, LL	С		SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principa	al Office Address 25 Columbus BWD	3. Mailing Office Addre	ess		try of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Florida 5. Date Organized or Qualified	
		0.00		To Do Business in Florida 11/20/01	
City & State CORAL Gables		City & State		6. FEt Number Applied For	
Zip Country		Zip	Country	65	- 1(59072 Not Applicable
3313	34	·		7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
	8. Name and Address of Current Registered Agent				
754	Name Fernando Amandi Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Coral Gables FL State Zip Code FL 32,33				
Signature o Registered	appointed the registered agent of the above of Agent RE	re named limited liability of the liabil	-	accept the obligati	FL 33/34 Jons of Chapter 608, F.S. Date 12(8(03)
	es and Street Addresses of Managing Mem	bers/Managers	Charl Address of Fact		
Titles	Name of Managing Members/Manage	rs	Street Address of Each Managing Member/Mana		City / State / Zip
.mgr .	Teresita Amandi		2925 Colum	us Phro	Coral Gables, Fa 33133
-	REINSTAT	MENT	6.7		
	The state of the s	THE STREET NO. 10			ALI
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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 when filling 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

Date 17/18/03 Daytime Phone # 561-601-5574

Typed or printed name of signing Managing Member/Manager