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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900023795519

10/14/03-01094-002 **50.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000002643

1. Limited Liability Company's Name
BUCKSKIN RANCH PROPERTIES, LLC.

2. Principal Office Address 18690 SW 210 ST		3. Mailing Office Address 18690 SW 210 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33187	Country	Zip 33187	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02/04/2002	
6. FEI Number 04-3602341	Applied For Not Applicable
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

Name
ALEX GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
18690 SW 210 ST

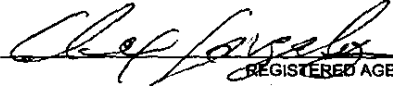
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33187

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.

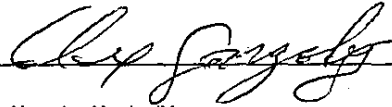
Signature of Registered Agent  Date **10/01/2003**

REGISTERED AGENT MUST SIGN

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
MGRM	ALEX GONZALEZ	18690 SW 210 ST	MIAMI, FL 33187

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 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  Date **10/01/2003** Daytime Phone#

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

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BUCKSKIN RANCH PROPERTIES LLC.
18690 SW 210 ST
MIAMI, FL 33187

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #L02000002643

We are filing for reinstatement to pay the annual report for our for Limited Liability Company. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.


ALEX GONZALEZ - MANAGER MEMBER