L02000003533

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000003533

1. Limited Liability Company's Name
A & P, LIMITED LIABILITY COMPANY

2. Principal Office Address		3. Mailing Office Address	
717 Ponce De Leon Blvd.		717 Ponce De Leon Blvd.	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country U.S.	Zip 33134	Country U.S.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
2/13/02

6. FEI Number
03-0458367

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional F for a Certificate

8. Name and Address of Current Registered Agent

Name
RAMON PORTELA

Street Address (P.O. Box Number is Not Acceptable)
717 Ponce De Leon Blvd.

900028908978
10/17/03--01061--008 ** 55.00

Suite, Apt. #, Etc.
Suite 230

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 10/8/03
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
Mgr	Ramon Portela	717 Ponce De Leon Bvld. #230	Coral Gables, FL 33134
Mgr	Humberto Aleman	717 Ponce De Leon Blvd. #230	Coral Gables, FL 33134
		REINSTATEMENT	2003

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 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 10/8/03 Daytime Phone # (786) 268-0286

Typed or printed name of signing Managing Member/Manager Ramon Portela