

6/24/03
300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 10:32

DOCUMENT # L02000005854

1. Limited Liability Company's Name

V.L. CABRERA MANAGEMENT COMPANY, LLC

CR2E041 (8/05)

2. Principal Office Address 3401 N.W. 82nd Ave. Suite, Apt. #, etc. Suite 106 City & State Miami, FL Zip 33122 Country US		3. Mailing Office Address 3401 N.W. 82nd Ave. Suite, Apt. #, etc. Suite 106 City & State Miami, FL Zip 33122 Country US		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 03/12/2002 6. FEI Number 01-0654069 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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8. Name and Address of Current Registered Agent

Name CABRERA, VILMA L.		
Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 82nd Ave.		
Suite, Apt. #, Etc. Suite 106		
City Miami	State FL	Zip Code 33122

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

06/12/06

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
	NONE		
MEM	Vilma Cabrera	10204 SW 115 ct.	Miami FL 33176

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

[Signature]

Date

06/12/06

Daytime Phone #

305 803 5042

Typed or printed name of signing Managing Member/Manager

Nelson R. Cabrera