


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000016279		
1. Entity Name ERIE STREET, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:59

Principal Place of Business 10250 NW 26TH ST STE C-201 MIAMI, FL 33172 US	Mailing Address 10250 NW 26TH ST STE C-201 MIAMI, FL 33172 US
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2. Principal Place of Business 10520 NW 26 St.	3. Mailing Address 10520 NW 26 St.
Suite, Apt. #, etc. C 201	Suite, Apt. #, etc. C 201
City & State Doral, FL	City & State Doral, FL
Zip 33172	Country U.S.A.



09202006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent  PAGLIERY, SERGIO A 8788 S.W. 8 STREET MIAMI, FL 33174	
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7. Name and Address of New Registered Agent Name Jose E. Cabanas Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - C201 City Doral FL Zip Code 33172	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE	Jose E. Cabanas	09/20/06

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARDO, MARIA E 10250 NW 26 ST STE C-201 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pardo, Maria E. 10520 NW 26 St. - Ste C-201 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABANAS, JOSE E 10250 NW 26 ST MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cabanas, Jose E. 10520 NW 26 St. - Ste. C201 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/29/06--01069--007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: 	09/20/06 (305) 513 3639
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Jose E. Cabanas