

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 23 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # **L02000017418**

1. Limited Liability Company's Name

TERE LLC

2. Principal Office Address - No P.O. Box #
1100 COLLINS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.
CU7

City & State
MIAMI BEACH FL

Zip **33139** Country **DADE**

City & State

Zip Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

7/11/2002

6. FEI Number

04-3720909

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **LEANDRO A INSUA**

Street Address (P.O. Box Number is Not Acceptable)
1330 WEST AVE

Suite, Apt. #, Etc.
1105

City **MIAMI BEACH**

State **FL** Zip Code **33139**

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **4/5/07**

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
PART	LEANDRO A INSUA	1330 WEST AVE STE 1105	MIAMI BEACH FL 33139

400101774714
05/08/07--01010--014 **150.00

REINSTATEMENT 05-07

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 **4/5/07**

Daytime Phone # **305 785 7096**

Typed or printed name of signing Managing Member/Manager