


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000018409

1. Limited Liability Company's Name

PERLA DADELAND LLC

2. Principal Office Address

19111 COLLINS AVENUE

Suite, Apt. #, etc.

UNIT 2305

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

19111 COLLINS AVENUE

Suite, Apt. #, etc.

UNIT 2305

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA-USA

5. Date Organized or Qualified

To Do Business In Florida 07/19/2002

6. FEI Number

☒ 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

FAUSTO ALVAREZ

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

2828 CORAL WAY

Suite, Apt. #, Etc.

STE 300

City

MIAMI

State

FL

Zip Code

33145

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

Fausto Alvarez

Date 12-21-2004

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	BENHAMU, ALBERTO A	19111 COLLINS AVENUE, UNIT 2305	SUNNY ISLES BEACH FL 33160
MGR	DE CHOCRON, CHIMOL	19111 COLLINS AVENUE, UNIT 2305	SUNNY ISLES BEACH FL 33160

REINSTATEMENT 2003-2004

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

Alberto A Benhamu

Date 12-21-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ALBERTO A BENHAMU

FILED
Dec 21, 2004 8:00 A
Secretary of State

BK

CR2E041 (10/02)

L02 000018409

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED
04 DEC 22 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED COMPANY.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

AB

Alberto A. Benhamu
ALBERTO A. BENHAMU
MGR