PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000018874

1. Limited Liability Company's Name: RIVERWALK CAPITAL PARTNERS, LLC

2/9

2. Principal Office Address	3. Mailing Office Address
1501 NW 29ST	← same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33142 / Country: USA	Zip / Country

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 7/25/2002
6. FEI Number: [X] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: RAFAEL A. Perez, Esq.
Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE, Suite 702
Suite, Apt. #, Etc.
400046364094
02/10/05--01012--014 **105.00
City: MIAMI, 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: Rafael A Perez — REGISTERED AGENT MUST SIGN — Date: 2-8-05

CR2E041 (10.02)

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
Mgrm	RAUL ZAYAS	1501 NW 29ST	MIAMI, FL 33142
			S03024913480
	REINSTATEMENT	2003 ~~2004-2005~~	01/17/03 90211 029
		W/o penalty fee	$55.00

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: 2/7/05 Daytime Phone #: 305-375-9111

Typed or printed name of signing Managing Member/Manager: RAUL ZAYAS