
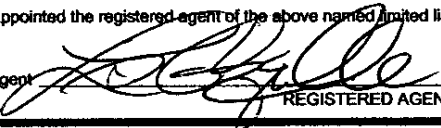



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2005 MAY -2 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L02000021214					
1. Limited Liability Company's Name Luis + Maria Carrasquillo Development LLC.					
2. Principal Office Address 35 SW 136 Ct.		3. Mailing Office Address same		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida Aug 12, 2002	
City & State Miami, FL		City & State		6. FEL Number 337115762	
Zip 33184		Country US.		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	
8. Name and Address of Current Registered Agent					
Name Luis Carrasquillo					
Street Address (P.O. Box Number is Not Acceptable) 35 SW 136 Ct.					
Suite, Apt. #, Etc.					
City Miami				State FL	Zip Code 33184
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 				Date April 12, 2005	
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		
Pres.	Luis Carrasquillo	35 SW 136 Ct.	Miami, FL 33184		
Secr.	Maria T. Carrasquillo	35 SW 136 Ct.	Miami, FL 33184		
REINSTATEMENT 03-05					
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 				Date 04/12/05 Daytime Phone # 205-225-1902	
Typed or printed name of signing Managing Member/Manager					

CR2E041 (10/02)