
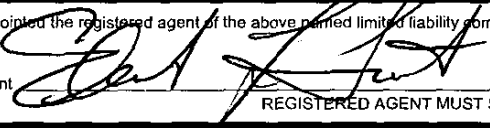



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<h1 style="font-size: 2em; margin: 0;">FILED</h1> <p style="font-size: 1.2em; margin: 5px 0;">2004 MAR 25 P 3: 31</p> <p style="margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # L02000024221					
1. Limited Liability Company's Name Nuestra Tierra II, LLC					
2. Principal Office Address 4307 Mariners Cove Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4307 Mariners Cove Drive <small>Suite, Apt. #, etc.</small>		4. State/Country of Formation Florida	
City & State Wellington, FL		City & State Wellington, FL		5. Date Organized or Qualified To Do Business in Florida 9/17/02	
Zip 33414	Country U.S.	Zip 33414	Country U.S.	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Eduardo Tautiva					
Street Address (P.O. Box Number is Not Acceptable) 4307 Mariners Cove Drive					
Suite, Apt. #, Etc.					
City Wellington				State FL	Zip Code 33414
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 3/22/04 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	Eduardo Tautiva	4307 Mariners Cove Drive		Wellington, FL 33467	
300031087403 03/25/04--01003--008 **200.00					
REINSTATEMENT 03-04 sus 03/25/04--01003--008 **5.00 dec					
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 3/22/04 Daytime Phone (561) 204-1146			
Typed or printed name of signing Managing Member/Manager		Eduardo Tautiva Manager			

CR2E041 (10/02)

MOYLE, FLANIGAN, KATZ, RAYMOND & SHEEHAN, P.A.
ATTORNEYS AT LAW

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West Palm Beach Office
(561) 659-7500

VIA FEDERAL EXPRESS

March 22, 2004

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399


Re: Document No. L02000024221
Nuestra Tierra II, LLC

Dear Sir/Madam:

Enclosed please find a Reinstatement Form together with a two checks in the amount of \$205.00 representing the filing fees required to reinstate this company and issue a Certificate of Good Standing. Kindly forward the same to this office.

Thank you for your anticipated cooperation. If you have any questions, please contact me.

Very truly yours,


Mari-Ellen K. Sheldon
Legal Assistant

Enclosures
/mes