

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR 13 P 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702000224415

1. Limited Liability Company's Name
Big Properties Investments LLC

2. Principal Office Address
2841 SW 117 Ave

Suite, Apt. #, etc.
—

City & State
Miami FL

Zip Country
33175 USA

3. Mailing Office Address
2841 SW 117 Ave

Suite, Apt. #, etc.
—

City & State
Miami FL

Zip Country
33175 USA

4. State/Country of Formation
USA

5. Date Organized or Qualified
To Do Business in Florida 9/19/2002

6. FEI Number 061665008 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 Erena Campos
Street Address (P.O. Box Number is Not Acceptable)
2841 SW 117 Ave
Suite, Apt. #, Etc.
—
City Miami

State Zip Code
FL 33175

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 [Signature] Date April 5 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
<u>MEMBER</u>	<u>Erena Campos</u>	<u>2841 SW 117 Ave</u>	<u>Miami, FL 33175</u>
			<u>70053920747</u>
			<u>05/05/05--01052--016 **150.00</u>
			<u>04/21/03-90132-041--\$50.00</u>
			<u>07/14/03-90323-021--\$50.00</u>
			<u>REINSTATEMENT 03-05</u>

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 4-5-05 Daytime Phone # 305 9720648
305 5516524
Typed or printed name of signing Managing Member/Manager ERENA CAMPOS

CR2004 (10/02)

March 7, 05


Dear Sirs:

As per your representative
there is a \$100.⁰⁰ credit
since 2003 I would like
to apply this to the necessary

fee for my reinstatement.

Enclosed is the remaining \$150.⁰⁰.

Thank you


E Campos