PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN -5 AM 10:50

CR2E041 (8/05)

DOCUMENT # L 02000026490

1. Limited Liability Company's Name

3900 DEVELOPMENT,L.L.C.

2. Principal Office Address	3. Mailing Office Address
944 Lugo Ave.	944 Lugo Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: 10/08/2002

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [XX] $5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: Otto Espino Sr.

Street Address (P.O. Box Number is Not Acceptable): 944 Lugo Ave.

Suite, Apt. #, Etc:

000064014518
01/19/06--01007--008 **230.00

City: Coral Gables | State: FL | Zip Code: 33156

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: Otto Espino Sr. Date: 1-4-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name(s) of Managing Members/Managers	Street Address of each Managing Member/Manager	City / State / Zip
MGR	Espino, Otto Sr.	944 Lugo Ave.	Coral Gables,Fl. 33156
MGR	Espino , Otto Jr.	944 Lugo Ave.	Coral Gables,Fl. 33156

REINSTATEMENT 05-06

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 608.408, 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: Otto Espino Date: 1-4-06 Daytime Phone # 305-970 5135

Typed or printed name of signing Managing Member/Manager