


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

2005 APR 21 PM 3:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028911

1. Limited Liability Company's Name

THOMAS TRUST LLC

2. Principal Office Address

7801 N.W. 37 street

Suite, Apt. #, etc.

#101092

City & State

MIAMI, FL.

Zip

33166

Country

US

3. Mailing Office Address

7801 N.W. 37 street.

Suite, Apt. #, etc.

#101092

City & State

MIAMI, FL.

Zip

33166

Country

US.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

OCTOBER-29-2002

6. FEI Number

01-0750966

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

MIGUEL ANGEL LOPEZ

300054341103

05/12/05--01071--013 #250.00

Street Address (P.O. Box Number is Not Acceptable)

11934 GRECO DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

Miguel Angel Lopez
REGISTERED AGENT MUST SIGN

Date 04-15-05

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	ARTURO RODRIGUEZ	7801 N.W. 37 ST #101092	MIAMI, FL. 33166

REINSTATEMENT 2003-05

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

Arturo Rodriguez

Date 04/12/05 Daytime Phone # 407-448-0223

Typed or printed name of signing Managing Member/Manager

ARTURO RODRIGUEZ

CR2E041 (10/02)