2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2005 MAY -2 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000035011

1. Entity Name
AMASUA DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
2469 POINCIANA COURT WESTON, FL 33327	2469 POINCIANA COURT WESTON, FL 33327

04192005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
1115 EAST BROWARD BLVD.	1115 EAST BROWARD BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL.	City & State: FT. LAUDERDALE FL.
Zip: 33301 Country: US	Zip: 33301 Country: US

4. FEI Number: 65-1165478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL
2469 POINCIANA COURT
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2932 BIRKDALE

City WESTON FL Zip Code 33332

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERNANDEZ, MANUEL 2469 POINCIANA COURT WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERNANDEZ, MANUEL 2932 BIRKDALE WESTON, FL. 33332	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUEZ, GARLAND 380 NW 110TH AVENUE PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000054914770 05/20/05--01038--010 **200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ MANUEL FERNANDEZ ✓ ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MGRM Date Daytime Phone #