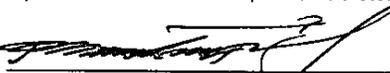


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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 2469 POINCIANA COURT WESTON, FL 33327			Mailing Address 2469 POINCIANA COURT WESTON, FL 33327		
2. Principal Place of Business 1115 EAST BROWARD BLVD. Suite, Apt. #, etc.		3. Mailing Address 1115 EAST BROWARD BLVD. Suite, Apt. #, etc.			
City & State FT. LAUDERDALE FL.		City & State FT. LAUDERDALE FL.		4. FEI Number 65-1165478	
Zip 33301		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, MANUEL 2932 BIRKDALE WESTON, FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, GARLAND 380 NW 110TH AVENUE PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000054914770 05/20/05--01038--010 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 ✓		MGRM Date _____ Daytime Phone # _____	

REINSTATEMENT 04-05