


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000003826 1. Entity Name HIALEAH SECOND, LLC					
Principal Place of Business C/O 455 SW 8TH STREET MIAMI, FL 33130			Mailing Address C/O 455 SW 8TH STREET MIAMI, FL 33130		
2. Principal Place of Business 601 Brickell Avenue Suite, Apt. #, etc. Suite 604 City & State Miami, Florida Zip 33131			3. Mailing Address 601 Brickell Avenue Suite, Apt. #, etc. Suite 604 City & State Miami, Florida Zip 33131		
Country US			Country US		
4. FEI Number			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent VARELA, KAREN L 501 BRICKELL KEY DR. 504 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 City MIAMI		
State FL			Zip Code 33131		
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 _____ DATE 12-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date 12-20-04 Daytime Phone # 305 371-5540					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12022004 REIN-LLC CR2E101 (6/04)

REINSTATEMENT 2004

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