2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -8 AM 9:57

DOCUMENT # L03000010586

1. Entity Name
RIGHT CHOICE HOUSING, L.L.C.

Principal Place of Business	Mailing Address
7700 NORTH KENDALL DRIVE SUITE 809 MIAMI, FL 33156 US	7700 NORTH KENDALL DRIVE SUITE 809 MIAMI, FL 33156 US

2. Principal Place of Business	3. Mailing Address
633 NE 167 St	633 NE 167 St
Suite, Apt. #, etc.: 523	Suite, Apt. #, etc.: 523
City & State: Miami FL	City & State: Miami, FL
Zip: 33162 Country: DADE	Zip: 33162 Country: DADE

01212005 REIN-LLC CR2E101 (6/04)

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A
7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: SALAZAR, GERMAN
Street Address (P.O. Box Number is Not Acceptable): 7700 North Kendall Drive
City: Miami FL Zip Code: 33156

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: _____ 8/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BATES III, AVINIE MAURICE 7700 NORTH KENDALL DRIVE, SUITE 809 MIAMI, FL 33156	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KERRY PIERRE 1941 N.E 197 Terr Miami FL 33179	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HERRING, OROMAS 7700 NORTH KENDALL DRIVE, SUITE 809 MIAMI, FL 33156	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P MAURILE- Bates 815 N.E 82 St Miami FL 33138	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasure Linda Bates 815 NE 82 St Miami FL 33138 #1	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200058853332 08/08/05--01072--001 **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

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: _____ 8/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #