


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 MAY 16 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000010879 1. Entity Name MACA INVESTMENTS, L.L.C.	
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Principal Place of Business 1700 N.W. 98 AVE. MIAMI, FL 33165	Mailing Address 1700 N.W. 98 AVE. MIAMI, FL 33165
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2. Principal Place of Business 1700 SW 98 AVE. Suite, Apt. #, etc.	3. Mailing Address 1700 SW 98 AVE. Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL	Zip 33165	Country USA
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04192005 REIN-LLC CR2E101 (6/04)

4. FEI Number 01-0774303	<input type="checkbox"/> 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 TORRES, CARLOS 1700 N.W. 98 AVE. MIAMI, FL 33165	
7. Name and Address of New Registered Agent Name: CARLOS TORRES Street Address (P.O. Box Number is Not Acceptable): 1700 SW 98 AVE. City: MIAMI FL Zip Code: 33165	

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]* DATE: 4/20/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CARLOS TORRES 1700 SW 98 AVE. MIAMI FL 33165	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
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REINSTATEMENT 04-05

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05/17/05--01065--017 **100.00

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: *[Signature]* DATE: 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #