

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 FEB 19 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000012332

1. Limited Liability Company's Name

Josemar, LLC

2. Principal Office Address - No P.O. Box # 13327 S.W. 124 Street

3. Mailing Office Address 13327 S.W. 124 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State: Miami, FL

City & State: Miami, FL

Zip 33186 Country US

Zip 33186 Country US

4. State/Country of Formation FL/US

5. Date Organized or Qualified To Do Business in Florida 04-04-2003

6. FEI Number 20-8429938 Applied For Not Applicable

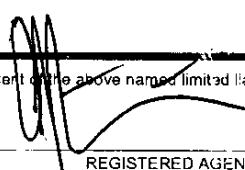
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Cesar Grillon
Street Address (P.O. Box Number is Not Acceptable): 13327 S.W. 124 Street
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33186

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent:  Date: 02-15-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Alcides Riveros	13327 S.W. 124 Street	Miami, FL 33186
MGRM	Maria de Fatima Riveros	13327 S.W. 124 Street	Miami, FL 33186

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REINSTATEMENT 05-07

11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager:  Date: 02-15-2007 Daytime Phone #: 305-254-8909

Typed or printed name of signing Managing Member/Manager: Alcides Riveros