
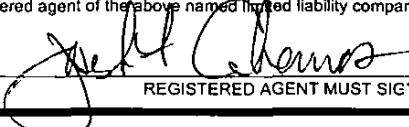
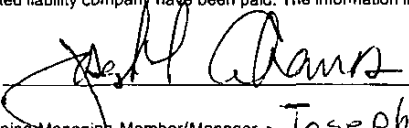


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 03 0000 12893		06 NOV 21 AM 10:12 SECRETARY OF STATE TALLAHASSEE FLORIDA			
1. Limited Liability Company's Name H518 INVESTMENTS, L.L.C.					
2. Principal Office Address 10520 NW 26 St. Suite, Apt. #, etc. C201 City & State Doral, FL. Zip 33172 Country U.S.A.		3. Mailing Office Address 10520 NW 26 St. Suite, Apt. #, etc. C201 City & State Doral, FL. Zip 33172 Country U.S.A.		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 04/09/03 6. FEI Number 56-2347107 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Cabanas & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. Suite, Apt. #, Etc. C201 City Doral State FL Zip Code 33172					
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 10/11/06 REGISTERED AGENT MUST SIGN					
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	Spagnuolo, Luigi	10520 NW 26 - C201	Doral, FL 33172		
MGRM	SPAGNUOLO, AMALIA	10520 NW 26 ST. STE C201	DORAL, FL 33172		
		800081493348 11/03/06--01034--012 **50.00			
		REINSTATEMENT 2006			
11. I certify that I am 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 10/11/06 Daytime Phone # (305) 513 3639					
Typed or printed name of signing Managing Member/Manager Joseph F. Cabanas					



Accounting / Tax Planning & Preparation
Member of National Society of Public Accountants
Florida Association of Independent Accountants

November 17, 2006

Ms. Michelle Hodges
Florida Department of State
Registration/Qualification Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: 4518 INVESTMENTS LLC
Document No. L03000012893

Dear Ms. Hodges:

This is to confirm our conversation of November 16th, regarding your letter of the 6th of November, copy attached.

Please be advised that we never received the renewal communication for the 2006 Registration for the company of reference.

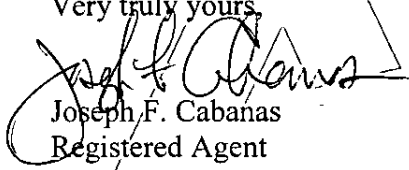
Nevertheless, on October 11, 2006, we printed the Reinstatement Form in order to file it. We thought we had checked off the box indicating non receipt of your communication and we sent it along with check for \$50.00.

We are again sending this Reinstatement Report.

We respectfully request abatement of any penalty and request the processing of the corresponding renewal.

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas
Registered Agent

Attachments