

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:03

DOCUMENT # L03000023235 1. Entity Name SUAREZ HOLDINGS GROUP, LLC			
Principal Place of Business 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173		Mailing Address 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 139 NE 1ST PH-1	
City & State Miami, FL		City & State Miami, FL	
Zip 33132		Zip 33132	
Country		Country	
4. FEI Number 35-2208883		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 SUAREZ, JESUS 139 N.E. 1ST PH-1 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 10/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	MGRM SUAREZ, JUAN 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div> 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ, MANUEL 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ, JESUS 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ, EUGENIA 6551 S.W. 64TH ST. SOUTH MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold; text-align: center;">400060622574</div> <div style="font-size: 0.8em; text-align: center;">10/14/05--01049--003 **200.00</div>
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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 10/7/05 <small>Date Daytime Phone #</small>	