


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV -5 PM 5:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

| | |
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| DOCUMENT # L03000031491 |  |
| 1. Entity Name PLANET EARTH OF AMERICA, LLC | |

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| Principal Place of Business 701 BRICKELL AVE, STE 1900 MIAMI, FL 33131 | Mailing Address 22A HOME PLACE GREENWICH, CT 06830 |
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|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 190 Isla Dorada Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Coral Gables FL |
| Zip | Country |
| 33143 | USA |



11012004 REIN-LLC CR2E101 (6/04) 11/5

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|----------------------------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MACINTER CORPORATION 5440 NORTH STATE RD. 7, STE 218 FORT LAUDERDALE, FL 33319 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 Patricia Francisco E.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$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 | MGR GRANADOS, LAURA P 701 BRICKELL AVE, STE 1900 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Granados Laura P 190 Isla Dorada Blvd Coral Gables Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PINILLA, EDUARDO 701 BRICKELL AVE, STE 1900 MIAMI, FL 33131 <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 | 300042523983 11/05/04--01050--002 **\$50.00 |
| 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 | REINSTATEMENT 2004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | w/o penalty <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: Patricia Francisco E. 11-01-04 305-6614154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #