2004 LIMITED LIABILITY COMPANY

REINSTATEMENT							FILLU			
DOCUMENT # L03000036723							rileu			
1. Entity Nam				500 MOU + 5M 1.00						
ORIGEN	GROUP	LC				2004 NOV -4 PM 4: 09				
					17			_		ANC
					W. To			- DIVITION O	F CORPORATI	ON2
Principal Place of Business Mailing Address								TALLAH	ASSEE, FLORI	DA
602 SW CEN	TRAL BLVD.		602 SW CENTRAL BLVD.							
MIAMI, FL 3	3144 US	;	MIAMI, FL 33144 US							
									»	
2. Principal P	lace of Busir	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10182004	REIN-LLC	CR2E101 (6/04)	
O't a Otat			City & Charles					· · ·		
City & State			City & State			ł	4. FEI Numb	er		Applied For
7in Country			Zip Country		ita.					lot Applicable
Zip	Zip Country		Zip Coun		5		5. Certificate	e of Status Desired	□ \$5.00 Ad Fee Requir	
6. Name and Address of Current R			agistared Agent				7. Name and Address of New Registered Agent			
		Name								
PAREDES		TVAIT O								
602 SW C			Street Ad	dress (F	P.O. Box Numb	er is Not Acceptable	3)			
MIAMI, FL	33144									
					City				FL Zip Co	de
	4 45	h to the same								
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.										
Mari										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE										
							E#-1-			
FILE NOW!!! FEE IS \$50.00 In accordance with s. In accordance with					93(2)(b), F	S., the	e limited		e check payable to a Department of Sta	
Alter Janu.	1101.700	orro are pr	1107 1100		1 101100	bepartment of Sta				
9.		MANAGING MEMBER	IS/MANAGERS	10.				ADDITIONS/	CHANGES	
TITLE	MGR		☐ Defete	TITL	£ [☐ Change	☐ Addition
NAME	PAREDES	S, NELSON SR.	NAME						_ •	
STREET ADDRESS	602 SW C	ENTRAL BLVD.	STREE		ET ADDRESS		300042473643 11/04/0401030005 **50,00			
CITY-ST-ZIP	MIAMI, FL	33144	CITY		-ST-ZIP		11/04/0401030005 **\$0.00			.00
TITLE			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME			NAMI						Change	
STREET ADDRESS			STRE		ET ADDRESS					
CITY-ST-ZIP			CITY		-ST-ZIP					
TITLE			☐ Delete	TITLI					☐ Change	Addition
NAME	·			NAM	I .	_				
STREET ADDRESS				STRE	ET ADDRESS	-	•			i
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME				NAM	- 1					
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE	<u> </u>				☐ Change	☐ Addition
NAME			_ 55,000	NAM						
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					ſ
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME			La bolote	NAM	_	17 ²² 34	a Total Co		_ •	
STREET ADDRESS	REET ADDRESS				ET ADDRESS	-	NSIA	TEMEN	2000	i.
CITY-ST-ZIP	ÇITY	-ST-ZIP	- 4mg () (a R EMESA (1986)		Leaner			
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 repor	rt is true and accurate and the	nat my signature shall have t	he same	e legal effect	t as if m	ade under oath	n; that I am a manag	ing member or manag	er of the
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
		LIM								Ì
SIGNATURE:										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Deptime Prone #										
CONTRACT AND THE BUTCH THAT OF CONTRACT CONTRACT MEMBER, MANAGER, ON AUTHORIZED TERMS OF THE CONTRACT OF THE C										