

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 11:09

<b>DOCUMENT # L03000037053</b>					
<b>1. Entity Name</b> 7070 INVESTMENTS GROUP LLC					
<b>Principal Place of Business</b> 7070 NW 84TH AVENUE MIAMI, FL 33166			<b>Mailing Address</b> 7070 NW 84TH AVENUE MIAMI, FL 33166		
<b>2. Principal Place of Business</b> 761 NW 129 AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 761 NW 129 AVE Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL 33182		<b>4. FEI Number</b> 20-1060089	
<b>Zip</b> 33182		<b>Country</b> MIAMI-DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00*Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RINCON - LAMUS, ORLANDO D 7070 NW 84TH AVENUE MIAMI, FL 33166			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 761 NW 129 AVE City MIAMI FL Zip Code 33182		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON-LAMUS, ORLANDO D 7070 NW 84TH AVENUE MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	761 NW 129 AVE MIAMI FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700075900717 06/07/06--01010--001 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____				Date: 05/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					