PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2005 JUN 21 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000039056

1. Limited Liability Company's Name
AKA PROPERTIES, LLC

2. Principal Office Address	3. Mailing Office Address
5785 ALTON ROAD	5785 ALTON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33140 / Country:	Zip: 33140 / Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/06/03

6. FEI Number: 75-3136954 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

8. Name and Address of Current Registered Agent

Name: RAFAEL R. PEREZ

Street Address (P.O. Box Number is Not Acceptable): 5785 ALTON ROAD

Suite, Apt. #, Etc.:

City: MIAMI BEACH State: FL Zip Code: 33140

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/14/05

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
MGR	RAFAEL R. PEREZ	5785 ALTON ROAD	MIAMI BEACH, FL 33140
MGR	MARIAN GARCIA PEREZ	5785 ALTON ROAD	MIAMI BEACH, FL 33140
		10/27/04-- 010	54-- 009-- $100.00
REINSTATEMENT 04-05			
		04 NO PENALTY	

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 petition 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: [signature] Date: 6/19/05 Daytime Phone #: 305 562 1250

Typed or printed name of signing Managing Member/Manager: ______