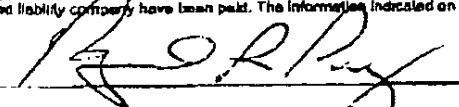


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUN 21 AM 10:11

FILED

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 5785 ALTON ROAD		3. Mailing Office Address 5785 ALTON ROAD		4. State/Country of Formation FLORIDA	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		5. Date Organized or Qualified To Do Business in Florida 10/06/03	
Zip 33140		County		6. FEI Number 75-3138954 Applied For ☐ Not Applicable ☐	
		Zip 33140		County	
7. CERTIFICATE OF STATUS DESIRED ☐ YES ☐ NO					
8. Name and Address of Current Registered Agent					
Name RAFAEL R. PEREZ					
Street Address (P.O. Box Number is Not Acceptable) 5785 ALTON ROAD					
City, Apt. #, Etc. 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 606, F.S.					
Signature of Registered Agent  Date 6/19/05					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	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		
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the petition for dissolution has been withdrawn, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees assessed by the limited liability company have been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  Date 6/19/05 Daytime Phone # 305 562 1250					
Typed or printed name of signing Managing Member/Manager					

L03000039056

REINSTATEMENT

04-05

10/27/04-- 01054-- 009-- \$100.00

NO PENALTY