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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000039207			
1. Limited Liability Company's Name Alma Investment, LLC			
2. Principal Office Address 11343 NW 65st Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33178	Country Dade	Zip	Country
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

FILED IN STATES
 SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 05 JUL 22 AM 8:35

8. Name and Address of Current Registered Agent

Name Manuel Hernandez Garzon	
Street Address (P.O. Box Number is Not Acceptable) 11343 NW 65st	
Suite, Apt. #, Etc.	
City Miami	State FL
	Zip Code 33178

REINSTATEMENT 04-05

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 *Manuel Hernandez Garzon* Date _____

REGISTERED AGENT MUST SIGN

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
MSRM	Manuel Hernandez Garzon	11343 NW 65st	miami FL 33178
member	Chudia Pinto	11343 NW 65st	miami FL 33178.

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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 filed this reinstatement application the reason 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 *Manuel Hernandez Garzon* Date 7/21/05 Daytime Phone # 305 4363949

Typed or printed name of signing Managing Member/Manager _____

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$100.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **ALMA INVESTMENTS, LLC.**

Thank you for your courtesy in this matter.


MANUEL HERNANDO GARZON
PRESIDENT