


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000048832

1. Limited Liability Company's Name

TERRA NOSTRA INVESTMENTS, L.L.C.

2. Principal Office Address

5445 Collins Ave.

Suite, Apt. #, etc.

M1702

City & State

Miami Beach

Zip

33140

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/02/2003

6. FEI Number

33-1082514

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Antoinette Nobile

Street Address (P.O. Box Number is Not Acceptable)

5445 Collins Ave.

Suite, Apt. #, Etc.

M1702

City

Miami Beach

State

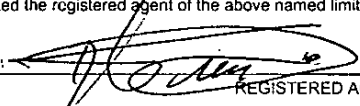
FL

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



REGISTERED AGENT MUST SIGN

Date

Oct 28-04

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
MGRM	Antoinette Nobile	5445 Collins Ave. # M17	Miami Beach, FL 33140

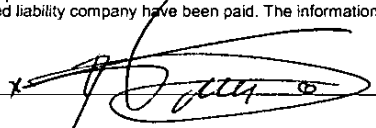
REINSTATEMENT 04
WD

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11/30/04--01052--013 **155.00

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 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



Date 10-28-04

Daytime Phone # 305-868-1942

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)