2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L03000052237 1. Entity Name AVANDAMES, LLC					05 DEC -2 AM 10: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 10735 NW 58 STREET MIAMI, FL 33178		Mailing Address 10735 NW 58 STREET MIAMI, FL 33178		PK	ر 			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11302005	REIN-LLC	CR2E101 (6/0	04)	
City & State		City & State		4. FELNuml	0129144	-	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$5.00 Fee Req	Additional uired	
	6. Name and Address of Current I	Registered Agent		7. Name an	d Address of New Re	egistered Agent		
			Name			-		
ESPINOSA, JORGE LARREA 10735 NW 58 STREET MIAMI, FLORIDA, FL 33178			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City	<u></u>		FL Zip (Code	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flor		vith, and accept	
the obligat	ions of registered agent.		-				•	
SIGNATURE.								
	Signature, typed or printed name of registered agent a	and title it applicable. (NOTE	: Registered Agent signat	ture required when reinstatin	g)	DATE		
	Signature, typed or printed name of registered agent a LE NOW!!! FEE IS \$50.00 ary 1, 2006, Fee will be \$100.00	In accordance with s liability company did	. 607.193(2)(b), F	S., the limited	Make	check payable Department of S		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is the 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 of the trever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE