
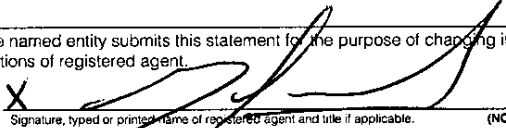
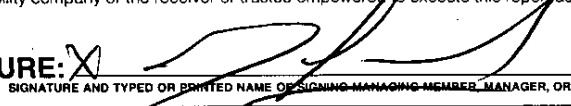


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 18 AM 11:35

<b>DOCUMENT # L04000003814</b> 1. Entity Name <b>BACCIO INVESTMENTS, L.L.C.</b>																																																					
Principal Place of Business <b>2200 S. DIXIE HWY, STE 604 MIAMI, FL 33133</b>			Mailing Address <b>2200 S. DIXIE HWY, STE 604 MIAMI, FL 33133</b>																																																		
2. Principal Place of Business <b>2200 S. DIXIE HWY.</b> Suite, Apt. #, etc. <b>702-C</b> City & State <b>MIAMI, FL</b> Zip <b>33133</b>		3. Mailing Address <b>2200 S. DIXIE HWY</b> Suite, Apt. #, etc. <b>702-C</b> City & State <b>MIAMI, FL</b> Zip <b>33133</b>		10102005 REIN-LLC CR2E101 (6/04) 4. FEI Number <b>90-0604575</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent <b>POHUDKA, MIGUEL 2200 S. DIXIE HWY, STE 604 MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name <b>MIGUEL POHUDKA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 S. DIXIE HWY, # 702-C</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33133</b>																																																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>10/12/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>																																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>MGRM/MGR MIGUEL POHUDKA 2200 S DIXIE HWY # 702-C MIAMI FL 33133</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM/MGR MIGUEL POHUDKA 2200 S DIXIE HWY # 702-C MIAMI FL 33133</b>	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>MGRM/MGR ISABEL C. Noy-Pohudka 2200 S. DIXIE HWY # 702-C MIAMI, FL 33133</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM/MGR ISABEL C. Noy-Pohudka 2200 S. DIXIE HWY # 702-C MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																					
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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 true 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																					
SIGNATURE:  DATE <b>10/12/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																					