


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

08 FEB -1 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000015440

1. Limited Liability Company's Name

ALBERCA INVESTMENTS, LLC

700116035307  
01/25/08--01004--015 \*\*555.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 833 ALBERCA ST. Suite, Apt. #, etc.		3. Mailing Office Address 833 ALBERCA ST. Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country US	Zip 33134	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02/26/2004	
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	

8. Name and Address of Current Registered Agent

Name  
LOPEZ, ROBERTO

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

Suite, Apt. #, Etc.

City  
CORAL GABLES

State  
FL

Zip Code  
33134

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 \_\_\_\_\_ Date \_\_\_\_\_

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
MGRM	LOPEZ, ROBERTO	833 ALBERCA ST.	CORAL GABLES, FL 33134
MGRM	SUAREZ, BEATRIZ	833 ALBERCA ST.	CORAL GABLES, FL 33134
MGRM	LILLIAN LUCY TAPANES	833 ALBERCA ST.	CORAL GABLES, FL 33134
<b>REINSTATEMENT 05-08</b>			

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 808.406, 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: *Beatriz Suarez* Date: *1/22/08* Daytime Phone #: *305-569-9126*

Typed or printed name of signing Managing Member/Manager: *BEATRIZ SUAREZ MGRM*