CORAL GABLES, FL 33134-2951       CORAL GABLES, FL 33134-2951       01-0809894         Zip       Country       Zip       Country         33134-2951       MIAMI-DADE       33134-2951       MIAMI-DADE         8. Name and Address of Current Registered Agent       CertificAte of Status Desired       \$01-0809894         Name       ARMANDO BRANA, ESQ       MIAMI-DADE       \$01-0809894         Street Address (P.O. Box Number is Not Acceptable)       3971 SW 8 ST       Street Address (P.O. Box Number is Not Acceptable)         3971 SW 8 ST       Street Address (P.O. Box Number is Not Acceptable)       State       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       State       Zip Code       State         Street Address (P.O. Box Number is Not Acceptable)       State       Zip Code       State         Street Address (P.O. Box Number is Not Acceptable)       State       Zip Code       State         Street Address (P.O. Box Number is Not Acceptable)       State       Zip Code       State       Zip Code         State       Zip Code       State       Zip Code       State       Zip Code       Date       State         GORAL GABLES       FL       3134       Date       State       State       State       State       State       State       State	С	ÉD LIAB OMPAN STATEM	IY I	Sec	EPARTMEI cretary of S			FILED	
2. Principal Office Address - No P.O. Box #       3971 SW 8 ST       4. State/Country of Pormation         3971 SW 8 ST       3971 SW 8 ST       4. State/Country of Pormation         Suite, Apt #, etc.       Suite, Apt #, etc.       5. Other Organized or Outsided         301       301       5. Other Organized or Outsided         Cay & State       Chy & State       6. FEI Number 01-0809894       03/15/2004         Zp       Country       Zp       Country       To De Basiness in Florida       03/01         33134-2951       MIAMI-DADE       33134-2951       MIAMI-DADE       State/Country       So determing or a certifying the prior notice and requesting the receive the prior notices. By check box, you are certifying the prior notice. Bignature of Registered Agent       State / Zp/O/S         10. Names and Street Address of Managers       Managing Member/Manager       Date       State//Spi / Spi	1. Limited I	Liability Comp	npany's Name	)19946					
Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.         301       301       Solite			ess - No P.O. Box #	-			4. State/Cou	· · ·	
City & State       City & State       US/15/2004         CORAL GABLES, FL 33134-2951       CORAL GABLES, FL 33134-2951       G. FEI Number 01-0809894       A         Zip       Country       Zip       Country       Step Address of Current Registered Agent         Name       ARMANDO BRANA, ESQ       Stote Address of Current Registered Agent       A \$100 reinstatement fee is imposed in circumstances which the entity receive the prior notices. By check box, you are certifying the prior notices.         Singature of Registered Agent       Registreed Adent Must SiGN       Dis 2000 Sistree	Suite, Apt. #			Suite, Apt. #, etc.			FLORI	DA nized or Qualified	
33134-2951       MIAMI-DADE       33134-2951       MIAMI-DADE       \$CERTFICATE OF STATUS DESIRED       \$500 Audition         8. Name and Address of Current Registered Agent       Name       ARMANDO BRANA, ESQ       A \$100 reinstatement fee is imposed in circumstances which the entity receive the prior notices. By check box, you are certifying the prior notic ors. By check box, you are certifying the prior notic ors. By check box, you are certifying the prior notic or creved and requesting th reinstatement be waived.         City       State       Zp Code         CorAL GABLES       FL       33134         9. I, being appointed the regisfered agent of the above gemed temes babtity company, and familiar with and accept the obligations of Chapter 608, F.S.       Signature of Registered Agent       Date       Sizet         10. Names and Street Addresses of Managing Members/Managers       Sizet Address of Each Managing Members/Managers       City / State / Zp         MGRM       ARMANDO BRANA       3400 CORAL WAY SUITE 600       MIAMI, FL 33145	CORAL			CORAL GAB		· · · · · · · · · · · · · · · · · · ·	6. FEI Numbe	03/15/2004 6. FEI Number Applie	
Name         ARMANDO BRANA, ESQ         Street Address (P.O. Box Number is Not Acceptable)         Synta Market Address (P.O. Box Number is Not Acceptable)         Synta Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.         301         City         State         Zip Code         Solid Address (P.O. Box Number is Not Acceptable)         301         Suite, Apt. #, Etc.         301         City         CORAL GABLES         Solid agent of the above pamed limited lability company, am familiar with and accept the obligations of Chapter 608, F.S.         Signature of Registered Agent         Registered Agent         Registered Agent         Name of Managing Members/Managers         Titles       Managing Members/Managers         MGRM       ARMANDO BRANA         3400 CORAL WAY SUITE 600       MIAMI, FL 33145         0572       Difference 700         MGRM       ARMANDO BRANA         0572       Difference 700         MGRM       ARMANDO BRANA         0572       Difference 700         MGRM       ARMANDO BRANA         0572       Difference 700         Managing Members/Manager <td< td=""><td>•</td><td>2951</td><td>· ·</td><td></td><td></td><td>•</td><td>7. CERTIFICATI</td><td></td><td></td></td<>	•	2951	· ·			•	7. CERTIFICATI		
Titles     Name of Managing Members/Managers     Street Address of Each Managing Member/Manager     City / State / Zip       MGRM     ARMANDO BRANA     3400 CORAL WAY SUITE 600     MIAMI, FL 33145       05/729/08-01022-009     **4	City CORAL 9. I, being Signature of	appointed the	ne registered agent of the abo	rdi B	FL	33134 y, am familiar with and	reinsta	nterment be waived.	8
MGRM         ARMANDO BRANA         3400 CORAL WAY SUITE 600         MIAMI, FL 33145           0572<703-01022-009			Name of					City / State / Zip	
REINSTATEMENT 06-08	MGRM	_							
							0572		3 416.
11. Learlify that Lam managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify					RE	NSTAT		06-08	
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F. all fees owed by the limited liability company name satisfies the requirements of section 608.406, F. all fees owed by the limited liability company have been peid. The information indicated on this application is true and accurate, and my signature shall have the same as if made under oath.	filina th	his reinstatem	nent application the reason fo	for dissolution has been	an aliminated, t	the limited liability com	noany name satisfic	es the requirements of section 608.406.	. F.S., a