

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 FEB 12 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000031143

1. Limited Liability Company's Name

FLORES SILVESTRES, LLC

500168556405
02/11/10--01040--001 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1513 SAND MARCO DRIVE		3. Mailing Office Address PO Box 732001	
Suite, Apt. #, etc. APT. 206		Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL	
Zip 32174	Country US	Zip 32173	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 4/19/2004	
6. FEI Number 41-2159511	Applied For 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: Marcell Felipe

Street Address (P.O. Box Number is Not Acceptable): 1401 Brickell Ave.

Suite, Apt. #, Etc.: Suite 500

City: Miami State: FL Zip Code: 33131

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: [Signature] Date: 1/14/2009
REGISTERED AGENT MUST SIGN

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	MARTIN DE BEDOUT	1513 SAND MARCO DRIVE Apt 206	Ormond Beach, FL 32173
MGRM	JAMES W. ROBERTS	1513 SAND MARCO DRIVE Apt. 206	Ormond Beach, FL 32173
MGRM	SUSAN J. ROBERTS	1513 SAND MARCO DRIVE Apt. 206	Ormond Beach, FL 32173

500166677519
01/20/10--01007--009 **793.75

REINSTATEMENT 05-10
OR 2-15-10

11. E-mail Address: nmunoz@marcellfelipe.com
(To be used for future annual report notifications)

12. 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: James W. Roberts Date: 1/11/2010 Daytime Phone #: 305-381-8500

Typed or printed name of signing Managing Member/Manager: James W. Roberts