

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000031271

1. Limited Liability Company's Name  
HAVANA RIVER, LLC

2. Florida Office Address  
300 MERIDIAN AVENUE  
SUITE 6  
MIAMI BEACH  
FL 33193

3. Mailing Office Address  
300 MERIDIAN AVENUE  
SUITE 6  
MIAMI BEACH  
FL 33193

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:07

CR2E041 (8/05)

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida  
APRIL 23, 2004

6. FEI Number  Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

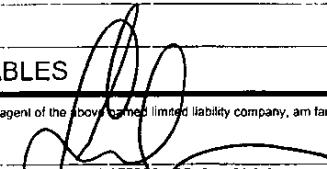
8. Name and Address of Current Registered Agent

Name  
THOMAS G. SHERMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
90 ALMERIA AVENUE

City, State, Zip  
CORAL GABLES FL 33134

9. I hereby 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 OCTOBER 12, 2006

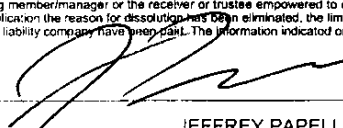
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JEFFREY PAPELL	300 MERIDIAN AVENUE, SUITE 6	MIAMI BEACH, FL 33193

REINSTATEMENT 05-06

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 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  Date 10/12/2006 Daytime Phone # 305-725-5496

Printed Name of signing Managing Member/Manager: JEFFREY PAPELL

400080929714  
10/17/06--01052--006 \*\*200.00