

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000045692

FILED
Dec 02, 2005
Secretary of State

Entity Name: TEVE Y PUNTO, LLC

Current Principal Place of Business:

9203 FONTAINBLEU BOULEVARD
APARTMENT 17
MIAMI, FL 331724600 US

New Principal Place of Business:

1155 BRICKELL BAY DRIVE
1205
MIAMI, FL 33131 US

Current Mailing Address:

9203 FONTAINBLEU BOULEVARD
APARTMENT 17
MIAMI, FL 331724600 US

New Mailing Address:

1155 BRICKELL BAY DRIVE
1205
MIAMI, FL 33131 US

FEI Number: 76-0761382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NIN LORA, VICTOR M
Address: 83 LINDEN STREET
City-St-Zip: ALLSTON, MA 02134 US

Title: MGRM () Delete
Name: LORA, MARGARITA
Address: 83 LINDEN STREET
City-St-Zip: ALLSTON, MA 02134 US

Title: MGRM () Delete
Name: NIN LORA, ARLYN
Address: 9203 FONTAINBLEU BOULEVARD, APT. 17
City-St-Zip: MIAMI, FL 331724600 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VICTOR NIN

MGRM

12/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date