

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV - 1 PM 2:30

<b>UNITED LIABILITY COMPANY</b> <b>REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR22041 (1/07)	
<b>DOCUMENT # LD4000052064</b> 1. Limited Liability Company's Name <b>INVERSIONES EXTREMIS LLC</b>					
2. Principal Office Address - No P.O. Box # <b>260 CRANDON BLVD</b> Date, Apt. #, Etc. <b># 48</b>		3. Mailing Office Address <b>260 CRANDON BLVD</b> Date, Apt. #, Etc. <b># 48</b>		4. State/Country of Formation	
City & State <b>KEY BISCAYNE FL</b>		City & State <b>KEY BISCAYNE FL</b>		5. Date Organized or Qualified To Do Business in Florida	
Zip <b>33149</b>		Country <b>USA</b>		6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
8. Name and Address of Current Registered Agent Name <b>VIVIAN S AHVES</b> Street Address (D.O. Box Number is Not Acceptable) <b>260 CRANDON BLVD # 48</b> Date, Apt. #, Etc. City <b>KEY BISCAYNE</b>					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <b>[Signature]</b> Date <b>NOV 2, 07</b> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Member/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	VIVIAN S AHVES	260 CRANDON BLVD #48	KEY BISCAYNE 33149-USA		
		700110695917			
		10/11/07 01033 013	\$250.00		
<b>REINSTATEMENT 2005-07</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 606, 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 606.405, 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 <b>[Signature]</b> Date <b>NOV 2, 07</b> Daytime Phone # <b>305.8043222</b>					
Typed or printed name of signing Managing Member/Manager					