

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 27 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000055967

1. Limited Liability Company's Name

S.P. HOUSING LIMITED COMPANY

05

CR2E041 (8/05)

2. Principal Office Address 171 GRAND CANAL DRIVE		3. Mailing Office Address 171 GRAND CANAL DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33144	Country US	Zip 33144	Country US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/28/2004

6. FEI Number
33-1098912

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

FERNANDO SUAREZ

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

171 GRAND CANAL DRIVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33144

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

Date 09/27/2006

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
MGR	FERNANDO SUAREZ	171 GRAND CANAL DRIVE	MIAMI FL 33144

REINSTATEMENT 2005-2006

400081500504
11/03/06--01035--002 **100.00

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 10/23/2006

Daytime Phone # 786-546-2928

Typed or printed name of signing Managing Member/Manager **FERNANDO SUAREZ, MANAGER**

L04000055967

DATE: 10-23-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: S.P. HOUSING LIMITED COMPANY
FERNANDO SUAREZ


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WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 786-546-2928

THANKS,



S.P. HOUSING LIMITED COMPANY
FERNANDO SUAREZ