## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	OA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	F1L 5D 07 DEC 19 AM11: 42
DOCUMENT # L0400057172  1. Limited Liability Company's Name		SECNETARI GIATE TALLAHASSEE FLORIDA
La Vanga Group, LLC		
2. Principal Office Address - No P.O. Box # , 3. Mailing Office Address		CR2E041 (1/07)
9737 NW 41 St. 9737 NW 41 St.		4. State/Country of Formation
Suite, Apt. #, etc.  # 61.5  Suite, Apt. #, etc.  # 61.5		5. Date Organized or Qualified To Do Business in Florida  08/02/04
City & State  Miami, Fl.3  City & State  Miami, Fl.		<b>6.</b> FEI Number Applied For 20 − 14 44 3 0 € Not Applicable
Zip Country Zip 33178 V.S . 331	78 0.5 ·	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name  Cabanas D AssociaTes P.A.  Street Address (P.O. Box Number is Not Acceptable)  10520 NW 36 St STC. C201  Suite, Apt. #, Etc.		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.
City         Do Ra         State         Zip Code           FL         331'7'/2		Temstatement 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  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers 12/12/0701037005 **50.00		
Titles Name of Managing Members/Managers	Street Address or Each Managing Member/Manag	۱ , ۱ , برا
MGRM Lavanga, Giovanni	10556 NW 26 S	tDIOI DORAL, Fl. 35172
MGRM De Lavanga, Maria I. 10556 NW 26 St DIOI DORA 1, Fl, 33172		
MGR Lavanga, AnThon	Y 10556 NW 16 St	t-DIOI DORAL, Fl. 33172
MGR Lavanga, Jase M 12556 NW 26 St Dioi DoRal, Fl. 33172		
MGR La Vanga, Ana C. 10556 NW 26 StD (01 DORA ) Ff 33 172  REINSTATEMENT 00-07 12/19 12/12/01-01037-006 ***50.00		
11. I certify that I am managing member/manager or the receiver or trustee empowered this application as provided for in chapter 608, F.S. I further certify that when filling 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 JiolTuri Aways Date 11/19/07 Daytime Phone # (30.5)5/3.36-39		
Typed or printed name of signing Managing Member/Manager Glovanni Lavanga		