2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000057184 1. Entity Name MINAMAR INVESTMENT LLC		and the state of t		FILED 07 DEC 20 AM 8: 14				
Principal Place of Business	Mailing Address			TA	SECRETA LLAHASSEE	E FLORIDA		
9737 NW 41 ST 9737 NW 41 #615 #615		Ţ		15	(LLMINOULL			
MIAMI, FL 33178 US MIAMI, FL 33178		US			li naili nensi adhi angi sak	(1)	# # # 121 1 4 1 1	
Principal Place of Business - No P.O. Box # 3. Mailing Address			<u></u>					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		11172007	REIN-LLC	CR2E101 (1/07)			
City & State	City & State		4. FEI Numb 20-144		- + -	oplied For ot Applicable		
Zip Country	Zip	Country			e of Status Desired	\$5.00 Add	ditional	
6. Name and Address of Current F				7. Name and Address of New Registered Agent				
CABANAS & ASSOCIATES, P.A.			Name					
10520 NW 26 ST			Street Address (P.O. Box Number is Not Acceptable)					
SUITE C 201 DORAL, FL 33172								
\circ 1		C	ity	_		FL Zip Cod	e	
8. 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. I am familiar with, and accept the obligations of registered agent.								
$\lambda a \cdot k^{2}$	(Many)					11/19/07		
SIGNATURE Signature, typeofor printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when relinatating) DATE								
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State							е	
9. MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
MGRM NAME MICELLI GROUP LLC	🗷 Delete	TITLE NAME	116	RM elli,	Aldo,	☐ Change	Addition	
STREET ADDRESS 9737 NW 41 ST - #615			DRESS 105.	56 HW	26 1.	- STE . DI	01	
CITY-ST-ZIP MIAMI, FL 33178				al.	FR. 33	1172		
NAME LA VANGA GROUP LLC	Delete mee			E MGRM De Micelli Maria M.				
STREET ADDRESS 9737 NW 41 ST #615				EET ADDRESS 10556 NW 26 D - STC. DIOI				
CITY-ST-ZIP MIAMI, FL 33178	MIAMI, FL 33178 CITY-			RM	1. 331	<u>M.Q.</u> ☐ Change	☑ Addition	
NAME	NAME			vango	U, GiOV	ONN,	KI MODILION	
STREET ADDRESS CITY-ST-ZIP		STREET AD CITY-ST-2	DRESS 10.5.5	6 1171	46_4t.	- 57 c. DI	0.1	
TITLE	☐ Delete	TITLE	Me	RM.	1. 001	☐ Change	Addition	
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CITY-ST-ZIP	,	STREET AD CITY-ST-2	115	56 NW	1 6 241 / 1 331	.= 510. 71.	.,,,,,	
TITLE	☐ Delete	TITLE		1 /		☐ Change	☐ Addition	
NAME STREET ADDRESS		NAME STREET AD	ORESS 12	12/10	7-60042	2-003-4	4700	
CITY-ST-ZIP		CITY-ST-7	(IP	اروا			77.00	
TITLE NAME	☐ Delete	TITLE NAME	R	INST	ATEME	Change	Addition	
STREET ADDRESS		STREET AD	DRESS	-8886 A	8 # 8 F2 8 A 8 F2		<u>, </u>	
CITY-ST-ZIP	this filling does not avail!	CITY-ST-2	. !	in Chapter 110	Florida Ct-1 tr- 11	12/	20	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 11/19/07 (305) 513 3639								

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Aldo Micelli