
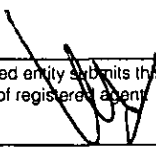
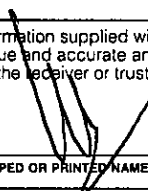


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -9 AM 9:23

DOCUMENT # L04000061820 1. Entity Name ARC & CHILDREN INVESTMENTS, LLC					
Principal Place of Business 8060 N.W. 33 STREET MIAMI, FL 33122			Mailing Address 8060 N.W. 33 STREET MIAMI, FL 33122		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAJIGAS, RICARDO 8060 N.W. 33 STREET MIAMI, FL 33122			Name Street Address (P.O. Box Number is Not Acceptable) 3651 NW 79 AVENUE City MIAMI FL Zip Code 33166		
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.					
SIGNATURE 				DATE 12/6/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAJIGAS, RICARDO		NAME		
STREET ADDRESS	8030 LOS PINOS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAJIGAS, ALEIDA		NAME		
STREET ADDRESS	8030 LOS PINOS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 debtor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 12/6/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # (305) 599-9000	



12062005 REIN-LLC CR2E101 (6/04)
 4. FEI Number **20-1527991**
 5. Certificate of Status Desired \$5.00 Additional Fee Required

500062045935
 12/09/05--01054--003 **150.00

FOR REINSTATEMENT PURPOSES
