



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000065224 1. Entity Name ANALQUI ALBERTO FRANCO-FELIZ, LLC				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV -8 AM 9:26	
Principal Place of Business 272 NE 164 TERRACE MIAMI, FL 33162		Mailing Address 272 NE 164 TERRACE MIAMI, FL 33162			
2. Principal Place of Business 3751 metro parkway Suite, Apt. #, etc. 5304		3. Mailing Address 3751 metro pkwy Suite, Apt. #, etc. 5304			
City & State Fort Myers Florida		City & State Fort Myers, Florida		4. FEI Number 20-3695467	
Zip 33916		Country U.S.A		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCO-FELIZ, ANALQUI ALBERT 272 NE 164 TERRACE MIAMI, FL 33162				7. Name and Address of New Registered Agent Name franco-feliz Analqui Alberto Street Address (P.O. Box Number is Not Acceptable) 3751 metro parkway 5304 City Fort Myers FL Zip Code 33916	
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 <u>ANALQUI A. Franco</u> DATE 10/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, 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.			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCO-FELIZ, ANALQUI ALBERT 272 NE 164 TERRACE MIAMI, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM franco-feliz Analqui Alberto 3751 metro pkwy Apt 5304 Fort Myers, FL 33916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061254176 11/08/05--01038--014 **\$55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>ANALQUI A. Franco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 10-28-5 Daytime Phone # 786-4859-6972		