

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -4 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204-71316

1. Limited Liability Company's Name

Builttrac, LLC

100137575121
11/03/08--01057--011 **421.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

169 E. Flagler Street

Suite, Apt. #, etc.

Suite 1518

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

169 E. Flagler Street

Suite, Apt. #, etc.

Suite 1518

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

09-30-2004

6. FEI Number

20-7719407

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

Jose M. Viana

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

169 E. Flagler St.

Suite, Apt. #, Etc.

1518

City

Miami

State

FL

Zip Code

33131

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.

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

Jose M. Viana

REGISTERED AGENT MUST SIGN

Date 10-15-2008

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	Jose M. Viana	169 E. Flagler Street Ste 1518	Miami, FL 33131
MGR	Naidy M. Viana	169 E. Flagler Street Ste 1518	Miami, FL 33131
REINSTATEMENT 06-08			

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

Jose M. Viana

Date 10-15-08

Daytime Phone# 305-577-9949

Typed or printed name of signing Managing Member/Manager

Jose M. Viana