2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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04/06/06 3053057782 Daysre Phone #

DOCUMENT # L04000073822. 1. Entity-Name BERAJA, L.L.C.						U	о нат 19	AM 10: 4 j	
Principal Place TURNBERRY 2875 N.E. 19 AVENTURA, F	PLAZA, SUITE 801 91st street		Mailing Address TURNBERRY PLAZA, SI 2875 N.E. 191ST STRI AVENTURA, FL 33180	EET					JE 184008 (18 100)
2. Principal Place of Business 1874 AUE.			3. Mailing Address 1637S NE 18TH AUE.		ASIBILITA				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				REIN-LLC	CR2E101 (11/0	
N. MIAMI BEACH Flo.						4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For Not Applicable
33/62 Country S. 6. Name and Address of Current F		33162	Country S.		5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent				
	v. Haire and Addres	a or content to	adisterad vilant	Nai	me	7. Name and Au	Gress OI New Ke	gistered Agent	
SERBER, DANIEL J ESQ TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET				Stre	Street Address (P.O. Box Number is Not Acceptable)				
	A, FL 33180								
,					,			FL Zip C	Code
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 Signature, typod or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
·····	Segretare, types or premed heare o	r registered agent at	O sue ii applicative. (NO)	c: registered Agen	signature reduc	ad when remacking)		DATE	
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607. iability company did not re									
FILE	NOW!!! FEE IS \$10	00.00	In accordance with liability company did	s. 607,193(2) I not receive	(b), F.S., th the prior no	e limited tice.		check payable to Department of S	
FILE 9.			In accordance with liability company did S/MANAGERS	s. 607.193(2) I not receive	(b), F.S., th the prior no	e limited tice.		Department of S	
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