
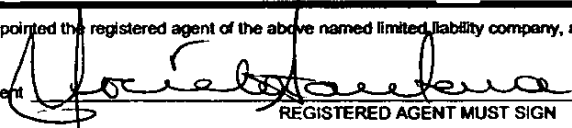
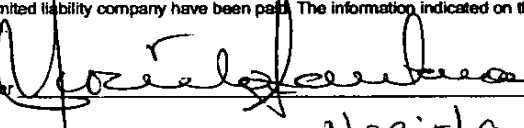


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000088490			
1. Limited Liability Company's Name SEMPUEST INVESTMENTS OF FLORIDA, LLC.			
2. Principal Office Address 16300 SW 76 ST		3. Mailing Office Address BK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33193	Country U.S.A.	Zip	Country
4. State/Country of Formation			
5. Date Organized or Qualified To Do Business in Florida			
6. FEI Number 010824967		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name NORIELA SANTANA			
Street Address (P.O. Box Number is Not Acceptable) 16300 SW 76 ST			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33193
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 		Date 7/2/2007	
REGISTERED AGENT MUST SIGN			
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
MGRM	Noriela Santana	16300 SW 76 ST	Miami FL 33193
MGRM	Francisco Santana	16300 SW 76 ST	Miami FL 33193
200106022312 07/12/07--01052--009 **150.00			
200106022312 07/12/07--01052--010 **50.00			
REINSTATEMENT 2006-2007			
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 		Date 7/2/07 Daytime Phone #	
Typed or printed name of signing Managing Member/Manager NORIELA SANTANA			