PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** DOCUMENT# L05000015264 1, Limited Liability Company's Name OMEGA INVESTMENTS LLC CR2E041 (10/09) 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 4. State/Country of Formation FLORIDA/USA 2665 S. BAYSHORE DRIVE 2665 S. BAYSHORE DR. Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 02/11/2005 **STE 906** SUITE 906 City & State 6. FEI Number Applied For City & State COCONUT GROVE FL 721605408 COCONUT GROVE FL Not Applicable dditional Fee Zip Country Country required for a 7. CERTIFICATE OF STATUS DESIRED USA 33133 8133 USA Certificate of Status 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except in JORGE L. GURIAN circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are 2665 SOUTH BAYSHORE DR. certifying the prior notices were not recieved Sulte, Apt. #, Etc. and requesting the \$100 reinstatement fee be SUITE 906 Zip Code State COCONUT GROVE 33133 FL ed agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. 9. ሳ, being appointed the Signature of Date 11/9/2009 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Name of City/State/Zip Managing Members/Managers Managing Member/Manager Titles 2665 S. BAYSHORE DR. STE 906 COCONUT GROVE, FL 33133 MGRM TOMAS E D' ESCRIVAN MGRM IGNACIO R NAVA, 2665 S. BAYSHORE DR. STE 906 COCONUT GROVE, FL 33133 500162687115 11/10/09--01016--018 **3001.00 REINSTATEMENT 200 11. E-mail Address: jgurian@gurianlaw.com (To be used for future annual report notifications) 12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided in Chapter 608, F.S. I further cerify 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 Signature of Daytime Phone #_305-279-4101 —_{Date} 11/09/2009 Managing Member/Manager

TOMAS E D' ESCRIVAN

Typed or printed name of signing Managing Member/Manager

LU5000015264

November 09, 2009

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 OPOLC -8 PH 2: 09

Re: OMEGA INVESTMENTS LLC (L05000015264)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for OMEGA INVESTMENTS LLC. The annual Uniform Business Report had not been filed previously because the principal officer/director had never received the renewal package during calendar year 2008 or 2009. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2008 & 2009.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

ery tiuly yours,

JORGE L. GURIAN

TÒMAS E D'ESCRIVAN

Enclosure