

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 12:59

DOCUMENT # L05000030245

1. Limited Liability Company's Name

ALMA HOLDINGS, LLC.

900131244679
06/12/08--01041--005 **416.25

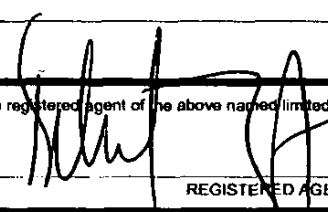
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 14761 SW 176 TERR. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 14761 SW 176 TERR. <small>Suite, Apt. #, etc.</small>	
City & State MIAMI, FLORIDA		City & State MIAMI	
Zip 33197	Country USA	Zip 33197	Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida MARCH 25, 2005	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name DELAULA ESTEFANO, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD.			
Suite, Apt. #, Etc. SUITE 204			
City MIAMI	State FL	Zip Code 33156	

☒ 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.

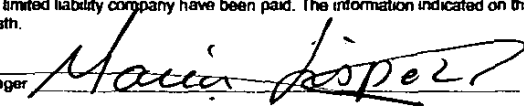
Signature of Registered Agent  Date 5/8/08

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
MGMB	MARIA LOPEZ	14761 SW 176 TERR.	MIAMI, FLORIDA 33197

REINSTATEMENT
W/O/P 06-08 Let

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 5/13/08 Daytime Phone # 786-367-0868

Typed or printed name of signing Managing Member/Manager MARIA LOPEZ