L05000031235

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 FEB -4 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500167979095
02/04/10--01002--025 **555.00

CR2E041 (11/09)

DOCUMENT # L05000031235

1. Limited Liability Company's Name

GULF COAST 9TH & 9TH VENTURES LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4970 SW 72nd AVE		4970 SW 72nd AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 102		SUITE 102	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33155	USA	33155	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/30/2005

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

Name: EDUARDO GOUDIE

Street Address (P.O. Box Number is Not Acceptable): 4970 SW 72nd AVE

Suite, Apt. #, Etc: SUITE 102

City	State	Zip Code
MIAMI	FL	33155

[X] 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: 2/1/10

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
MGR	Aldo X. Borges de Prati	4970 SW 72nd Ave. STE 102	Miami, FL 33155

REINSTATEMENT 2007-2010

11. E-mail Address: _____ (To be used for future annual report notification)

12. 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: 01/27/10 Daytime Phone #: (305) 663-1122

Typed or printed name of signing Managing Member/Manager: _____