


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:03

| | | | |
|--|---|---|---|
| DOCUMENT # L05000038728 1. Entity Name COSTA REAL INVESTMENT, LLC | |  | |
| Principal Place of Business 12847 SW 135TH TERRACE MIAMI, FL 33186 | | Mailing Address 12847 SW 135TH TERRACE MIAMI, FL 33186 | |
| 2. Principal Place of Business <i>2161 SW 139 Ave</i> Suite, Apt. #, etc. | | 3. Mailing Address <i>2161 SW 139 Ave</i> Suite, Apt. #, etc. | |
| City & State <i>Miami, FL</i> Zip <i>33175</i> | | City & State <i>Miami, FL</i> Zip <i>33175</i> | |
| 4. FEI Number <i>20-2730300</i> | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GALUE, FERNANDO 313 WINDROSE DRIVE ORLANDO, FL 32824 | | 7. Name and Address of New Registered Agent Name <i>Fernando Galue</i> Street Address (P.O. Box Number is Not Acceptable) <i>2161 SW 139 Ave</i> City <i>Miami</i> FL Zip Code <i>33175</i> | |
| 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | |
| Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GALUE, FERNANDO 313 WINDROSE DRIVE ORLANDO, FL 32824 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Manager</i> <i>Galue, Fernando</i> <i>2161 SW 139 Ave</i> <i>Miami, FL 33175</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROMERO, WENDY 313 WINDROSE DRIVE ORLANDO, FL 32824 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Manager</i> <i>Romero, Wendy</i> <i>2161 SW 139 Ave</i> <i>Miami, FL 33175</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |
| SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | |
| Date | | Daytime Phone # | |