

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/03/09--01005--018 **238.75
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # T.05000049489

1. Limited Liability Company's Name

ISACA INVESTMENT GROUP, L.L.C.

2. Principal Office Address - No P.O. Box # 1200 BRICKELL AVENUE		3. Mailing Office Address 1200 BRICKELL AVENUE	
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc. FL 33131	
City & State FL		City & State MIAMI	
Zip 33131	Country EEUU	Zip 33131	Country EEUU

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
09/15/06

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JOSE C. MARRERO, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE

Suite, Apt. #, Etc.
SUITE # 505

City
MIAMI

State
FL

Zip Code
33131

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 07/29/09

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	RAFAEL ISAVA	1200 BRICKELL AVENUE SUITE 505	MIAMI FL 33131
MGRM	ALEJANDRO ISAVA	1200 BRICKELL AVENUE SUITE 505	MIAMI FL 33131
REINSTATEMENT-06-09			700155982077
			5114109 01013 010
			\$416.25

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 07/28/09 Daytime Phone # 305-992-1927

Typed or printed name of signing Managing Member/Manager _____