## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIA COMPAI REINSTATE	NY	Secretar	TMENT OF STATE by of State corporations	0)	GECRETARY OF STATE VISION OF CORPORATIONS 7 DEC 18 PM 2: 11	
DOCUMENT # L 0500005/853  1. Limited Liability Company's Name					7-11	
PUERTO VALLARTA, LLC						
				CR2E041 (1/07)		
24811 5.1	DIXIE HIGHWAY	15403 SW	13 SW 2765T.			
		College And Honor		5. Date Organized or Qualifit To Do Business in Florida 05/24/2005		
PRINCE TON, FL		HOMESTEAD FL		(	Applied For	
3303à	US.	3303X	US	7. CERTIFICATE	S5.00 Additional Fee require for a Certificate of Status	
8. Name and Address of Current Regis					ior a certificate of status	
RAM RE 15403	SW &76 S	T.			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	
HOMESTEAD State FL 3				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 X  REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Managers		ers	Street Address of Each Managing Member/Manager		City / State / Zip	
MER RAMIREZ, HORACIO			15403 SW 276 ST		HOMESIGAD, FL 3303	
MER RAI	RAMI'REZ, ROSAURA		15403 SW 276 ST		HOMESIEAD, FL 3303X	
			50 <b>011318347</b> 5 12/17/0701010011 **100.00			
			R	EINSTAI	TEMENT 2006-07	
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 filling 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 eath.						
Signature of Managing Member/Manager Date 10/16/07 Daytime Phone # 335-257-50/3						
Typed or printed name of signing Managing Member/Manager //ORAC10 RAMI'RE 2						