

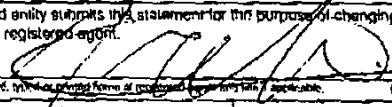
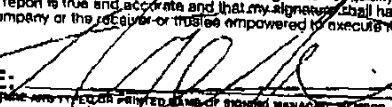
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APARDILLOLAWOFFICES

PAGE 01/01

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000057176			
1. Entity Name V-A 26, L.L.C.			
Principal Place of Business 1669 N.E. 196TH STREET NORTH MIAMI BEACH, FL 33179		Mailing Address 1669 N.E. 196TH STREET NORTH MIAMI BEACH, FL 33179	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VIVAS, FREDDY 1669 N.E. 196TH STREET NORTH MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
FILE NOW!!! FEE IS \$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 VIVAS, FREDDY 1669 NE 196TH STREET NORTH MIAMI BEACH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 30008682353 01/31/07--01049--024 **100.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AGAY, JACOB 1669 NE 196TH STREET NORTH MIAMI BEACH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		1/5/07 (305) 792-5209	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

FILED

07 JAN 12 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01082007 REIN-LLC CR2E101 (11/05)

4. FEI Number Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FILE NOW!!! FEE IS \$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

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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

REINSTATEMENT

2006-2007

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/5/07 (305) 792-5209

Date