

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAY 19 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300129774653
05/19/08--01006--009 **569.75
CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name L05000063516
ELARS PROPERTIES, LLC

2. Principal Office Address - No P.O. Box # 7000 ISLAND BLVD Suite, Apt. #, etc. 401 City & State AVENTURA, FL Zip 33160		Country US		3. Mailing Office Address 701 Brickell Ave. Suite, Apt. #, etc. Ste # 1730 City & State Miami, FL Zip 33133		Country US	
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4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
06/27/05

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
Mauricio Gruener

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue

Suite, Apt. #, Etc.
Ste # 1730

City
Miami

State
FL

Zip Code
33133

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 Mauricio Gruener Date 05/08/2008
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
MGM	MARCOS ACHAR TUSSIE	BOSQUE DE RADISTA #6-7	B DE LAS LOMAS, MEXICO DF 11000

REINSTATEMENT
06-08

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 [Signature] Date 5/08/08 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____