


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 14 AM 10:08

DOCUMENT # L05000064921	
1. Entity Name ABRAHAM-NIMRY, LLC	

Principal Place of Business 7818 NW 48TH STREET DORAL, FL 33166	Mailing Address 7818 NW 48TH STREET DORAL, FL 33166
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2. Principal Place of Business, - No P.O. Box # 9737 NW 41 St.	3. Mailing Address 9737 NW 41 St.
Suite, Apt. #, etc. #615	Suite, Apt. #, etc. #615
City & State Miami, FL	City & State Miami, FL
Zip 33178	Country U.S.



09112007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent GAFTER, CHRISTIAN 7818 NW 48TH STREET DORAL, FL 33166	7. Name and Address of New Registered Agent Name: Cabanas & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - Ste. C 201 City: Doral FL Zip Code: 33172
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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: *Joseph F. Cabanas* (Joseph F. Cabanas) DATE: 09-11-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIMRY, AFFAF 7818 NW 48TH STREET DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIMRY, AFFAF 10556 NW 26 ST. - STE. D101 DORAL, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAHAM, CHRISTIAN 7818 NW 48TH STREET DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAHAM, CHRISTIAN 10556 NW 26 ST. - STE. D101 DORAL, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFTER, CHRISTIAN 7818 NW 48TH STREET DORAL, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2001099871603 09/25/07--01008--015 <input type="checkbox"/> Change <input checked="" 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
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
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

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: *Christian Abraham* DATE: 09-11-07 (305) 6298191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Christian Abraham