

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAY 17 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000066618</b> 1. Entity Name INVERSIONES G.A., LLC	
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Principal Place of Business <del>8370 WEST FLAGLER STREET</del> <del>234</del> <del>MIAMI, FL 33144 US</del>	Mailing Address <del>8370 WEST FLAGLER STREET</del> <del>234</del> <del>MIAMI, FL 33144 US</del>
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2. Principal Place of Business - No P.O. Box # 201 Alhambra Circle Suite, Apt. #, etc. 700 City & State Coral Gables FL	3. Mailing Address 201 Alhambra Circle Suite, Apt. #, etc. 700 City & State Coral Gables FL
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04112007 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <del>GOMEZ, OCTAVIO J</del> <del>8370 WEST FLAGLER STREET</del> <del>234</del> <del>MIAMI, FL 33144</del>	7. Name and Address of New Registered Agent Name: <u>Hutner Law Firm, PLLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>2853 Executive Park Drive # 201</u> City: <u>Weston</u> FL Zip Code: <u>33331</u>
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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, the registered agent.

SIGNATURE: [Signature] DATE: 4/30/07

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR GOMEZ, OCTAVIO J <input type="checkbox"/> Delete
NAME	GOMEZ, OCTAVIO J
STREET ADDRESS	8370 WEST FLAGLER STREET-STE-234
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR <input type="checkbox"/> Delete
NAME	GOMEZ, LUIS GERARDO
STREET ADDRESS	8370 WEST FLAGLER STREET-STE-234
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR <input type="checkbox"/> Delete
NAME	GOMEZ, JESUS GREGORY
STREET ADDRESS	8370 WEST FLAGLER STREET-STE 234
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR <input type="checkbox"/> Delete
NAME	ARGUELLO, ROSA VIDALINA
STREET ADDRESS	8370 WEST FLAGLER STREET-STE 234
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	201 Alhambra Circle, Ste 700 Coral Gables, FL 33134
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	201 Alhambra Circle, Ste 700 Coral Gables, FL 33134
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	201 Alhambra Circle, Ste 700 Coral Gables, FL 33134
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	201 Alhambra Circle, Ste 700 Coral Gables, FL 33134
	300103289503 05/25/07--01025--020 **100.00 <b>REINSTATEMENT</b>
	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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: [Signature] DATE: 4/30/07 DAYTIME PHONE #: 305-442-2558

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