PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L05000070222

FILED

06 OCT -5 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/06/06--01003--008 **155.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000070222

1. Limited Liability Company's Name

WEST COAST FLORIDA HOLDINGS, LLC

06 BK

2. Principal Office Address		3. Mailing Office Address	
395 ALHAMBRA CIRCLE		900 WEST 49TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SECOND FLOOR		514	
City & State		City & State	
CORAL GABLES, FL.		HIALEAH FL.	
Zip	Country	Zip	Country
33134	USA	33012	USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 07/18/2005

6. FEI Number: 20-3274364 ☐ 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: JORGE V. DE ONA

Street Address (P.O. Box Number is Not Acceptable): 395 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.: SECOND FLOOR

City: CORAL GABLES | State: FL | Zip Code: 33134

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: [signature] REGISTERED AGENT MUST SIGN Date: 10/4/06

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
Mngr.	Jorge V. De Ona	395 Alhambra Circle Second Floor	Coral Gables FL. 33134
	BK	REINSTATEMENT 2006	

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: 10/4/06 Daytime Phone #: 786-290-1963

Typed or printed name of signing Managing Member/Manager: _____