

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000075730

1. Limited Liability Company's Name

ORIANA 107, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 31 SE 5 STREET		3. Mailing Office Address 31 SE 5 STREET	
Suite, Apt. #, etc. 413		Suite, Apt. #, etc. 413	
City & State MIAMI, FLORIDA		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CABANAS AND ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26 ST

Suite, Apt. #, Etc.
C201

City
MIAMI

State
FL

Zip Code
33172

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 *Cabanas & Associates* Date 4/1/2009

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
MGRM	HORACIO NARDONE	31 SE 5 ST, SUITE 413	MIAMI, FL 33131
MGRM	ELVIRA D'ONTENZIO	31 SE 5 ST, SUITE 413	MIAMI, FL 33131

04/13/09--01014--006 **\$55.00
300149701383
04/13/09--01014--006 **\$55.00

REINSTATEMENT 06-09

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 *Horacio Nardone* Date 4/1/2009 Daytime Phone # 305-629-8191

Typed or printed name of signing Managing Member/Manager HORACIO NARDONE