

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 AUG -8 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000082761			
1. Entity Name <b>SIGMA MIAMI, LLC</b>			
Principal Place of Business <b>1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131</b>		Mailing Address <b>1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>8351 NW 66 Street</b>		3. Mailing Address <b>8351 NW 66 Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami Florida</b>		City & State <b>Miami Florida</b>	
Zip <b>33166</b>		Zip <b>33166</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
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.		4. FEI Number <b>20-3375321</b>	
SIGNATURE <b>Alvaro B.</b>		Applied For <input type="checkbox"/> Not Applicable	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
		DATE <b>7-30-07</b>	
<b>FILE NOW!!! FEE IS \$200.00</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>STREIT, SIEGFRIED</b> <input type="checkbox"/> Delete	TITLE <b>MGR</b>	NAME <b>STREIT, SIEGFRIED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1390 BRICKELL AVENUE, SUITE 200</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>	STREET ADDRESS <b>8351 NW 66 Street</b>	CITY-ST-ZIP <b>Miami Florida 33166</b>
TITLE <b>MGR</b>	NAME <b>PADRON, MARIA</b> <input type="checkbox"/> Delete	TITLE <b>MGR</b>	NAME <b>PADRON, MARIA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1390 BRICKELL AVENUE, SUITE 200</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>	STREET ADDRESS <b>8351 NW 66 Street</b>	CITY-ST-ZIP <b>Miami Florida 33166</b>
TITLE <b>MGR</b>	NAME <b>STREIT, SIEGFRIED</b> <input type="checkbox"/> Delete	<b>100108374991</b>	
STREET ADDRESS <b>1390 BRICKELL AVENUE, SUITE 200</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>	<b>08/21/07--01026--007 **200.00</b>	
TITLE <b>MGR</b>	NAME <b>STREIT, SIEGFRIED</b> <input type="checkbox"/> Delete	<b>REINSTATEMENT 06-07</b>	
STREET ADDRESS <b>1390 BRICKELL AVENUE, SUITE 200</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>MGR</b>	NAME <b>STREIT, SIEGFRIED</b> <input type="checkbox"/> Delete		
STREET ADDRESS <b>1390 BRICKELL AVENUE, SUITE 200</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>		
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: <b>Siegfried Streit</b>		Date <b>7/30/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>(305) 371-5540</b>	