
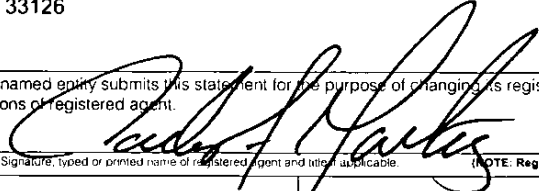
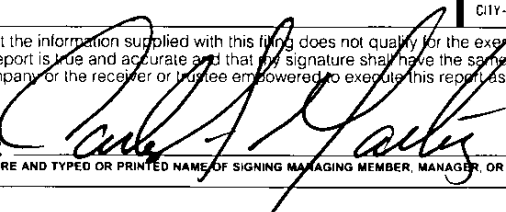


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 31 AM 9:54

<b>DOCUMENT # L05000083531</b> 1. Entity Name <b>MISTER DEVELOPMENT, L.L.C.</b>					
Principal Place of Business <b>10 NW LEJEUNE ROAD SUITE 400 MIAMI, FL 33126</b>			Mailing Address <b>10 NW LEJEUNE ROAD SUITE 400 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>11170 NW 77 Terrace</b>		3. Mailing Address <b>11170 NW 77 Terrace</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miami, Florida 33178</b>		City & State <b>Miami, Florida 33178</b>		4. FEI Number <b>APPLIED FOR 20-4710900</b>	
Zip <b>33178</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ISIS VALLE, P.A. 10 NW LEJEUNE ROAD SUITE 400 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>Martinez, Carlos A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11170 NW 77 Terrace</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>		
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  <b>10/30/07</b> <small>Signature, typed or printed name of registered agent and item applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CARLOS A 16790 NW 83 PLACE MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Martinez, Carlos A 11170 NW 77 Terrace Miami, Florida 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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.			<b>REINSTATEMENT</b>  <b>10/30/07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		