## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  10 MAY 28 PM 12: 18
DOCUMENT # L_OSO(		
PARADISO UNIT	1156 WC	<b>400181379644</b> 05/26/1001021003 **555.00
Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (11/09)
7812 NW 461451	8500 SW. 8TH STAGE	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida 10/07/2005
MIAMI, FRORIDA	MIAMI, FRORIDA	6. FEI Number Applied For Not Applicable
33166 USA	33144 Country USA	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
	f Current Registered Agent	
NAMEN FAJARDO JR.		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is A)ot Acceptable)		in circumstances which the entity did not receive the prior notices. By checking this
Suite, Apt. #. 5ic.		box, you are certifying the prior notices were not received and requesting the \$100
City State Zip Code Y FL 33144		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 REGISTERED AGENT MUST SIGN  Date		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/ Manage	Street Address of Each Managing Member/Manag	
MGRM OSCAR LEON	1 13148 SW. 136	, TEH. MIAMI, FZ 33186
MGAM YOBETH HENR	19 1261 SW. 149	TEAR. MIAMI, FZ 33186 THPL MIAMI, FL 33196
REINSTATEMENT 2	2007 - 2010	
11. E-mail Address. RUREN @ FAJARDO AND ASSOCIATES, COM		
12. 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 filling 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 cath.  Signature of		
Signature of Managing Member/Manager  Date  Date		