

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 23 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000102364			
1. Entity Name 1513 OAK STREET, L.L.C.			
Principal Place of Business 20355 N.E. 34TH COURT, APT. 2728 AVENTURA, FL 33180		Mailing Address 20355 N.E. 34TH COURT, APT. 2728 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 21050 NE 38 Ave Suite, Apt. #, etc. 1405		3. Mailing Address 21050 NE 38 Ave Suite, Apt. #, etc. 1405	
City & State Aventura - FL		City & State Aventura - FL	
Zip 33180	Country USA	Zip 33180	Country USA
4. FEI Number 13-4318644		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEVILLIA, MARCOS 20355 N.E. 34TH COURT, APT. 2728 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name MARCOS SEVILLIA Street Address (P.O. Box Number is Not Acceptable) 21050 NE 38 Ave # 1405 City Aventura FL Zip Code 33180	
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 		DATE 3/26/07	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVILLIA, MARCOS 20355 N.E. 34TH COURT, APT. 2728 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	sevilla marcos 21050 NE 38 Ave # 1405 Aventura - FL - 33180 <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	900101796369 05/08/07--01017--002 **100.00 <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	REINSTATEMENT 06-07 <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.			
SIGNATURE: 		MEMBER MARCOS SEVILLIA 3/26/07 3059046065	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	