

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 NOV -3 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400162149714
10/26/09--01027--005 **277.50
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06000002638

1. Limited Liability Company's Name

8791 Property, LLC

2. Principal Office Address - No P.O. Box #

9140 SW 120 st

Suite, Apt. #, etc.

3. Mailing Office Address

9140 SW (SAME)

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33176

Country

USA

Zip

33176

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified To Do Business in Florida

1/09/06

6. FEI Number

26-0185007

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Beatriz Gutierrez

Street Address (P.O. Box Number is Not Acceptable)

9140 SW 120 st

Suite, Apt. #, Etc.

City

Miami

State

FL

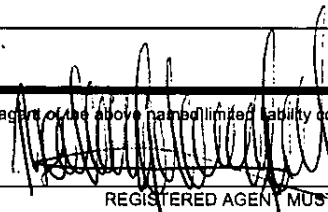
Zip Code

33176

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



REGISTERED AGENT MUST SIGN

Date

10/22/09

10. Names and Street Addresses of Managing Members/Managers

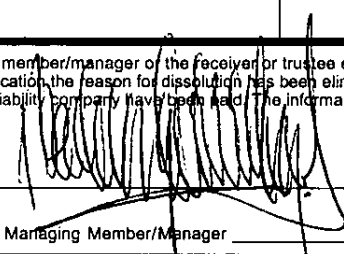
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Beatriz Gutierrez	9140 SW 120 st Miami FL 33176	
MGR	Luis Fernando Gutierrez	9140 SW 120 st	Miami FL 33176

REINSTATEMENT

08-09 AL

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



Date

10.22.09

Daytime Phone #

(786) 285-7506

Typed or printed name of signing Managing Member/Manager