2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L06000005128						<i>M</i>	Pili Es.	
1. Entity Name	•						A FILED	
KIMP REAL	L ESTAT	FE HOLDINGS, LLC	,			36	07 404	
							07 NOV -6 PM 12: 15	
Principal Place	of Business	3	Mailing Address				SECDITAIN	
9834 S.W 56TH JERRACE			9834 S.W 56TH TERRACE				TALLAHASSET OF STATE	
MIAMI, FL 33173			MIAMI, FL 33173			ļ	SECRETARY OF STATE FALLAHASSEE, FLORIDA	
2 Principal Dis	non of Busin	non No B.O. Roy #	3. Mailing Address					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address C/O MANNY FIGUEROA CPA C/O MANNY FIGUEROA, CPA						B_{Y}) is divid in additionally being desirably or the properties of the p		
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				10052007 REIN-LLC CR2E101 (1/07)	
City & State		RA CIRCLE	308 ALHAMBRA CIRCLE City & State				4. FEI Number, Applied For	
CORAL GABLES, FL			CORAL GABLES, FL				20-4139765 Not Applicable	
33134 <i>-</i>	-5004	Country U.S.A.	33134-5004	Cour	s.A.		5. Certificate of Status Desired S5.00 Additional Fee Required	
		and Address of Current R					7. Name and Address of New Registered Agent	
Name MANI						INY	Y FIGUEROA, CPA	
DELGADO, JOSE M 9834 S.W. 56TH TERRACE					Street Address (F.O. Box Number is Not Acceptable) 3 08 ALHAMBRA CIRCLE			
MIAMI, FL	33173				300	, 11	ADMAMBAN CINCED	
					City		Zin Code	
					COF	RAL	L GABLES FL Zip Code 33134-500	
		y submits this statement for tered agent.	the purpose of changing its	register	ed office or re	egister	tered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE _		FIMONIA C	(B)				10/5/07	
SIGNATORE 2	Schature, typed	or printed plane of registered agent an	d title if applicable. (NOT)	: Register	ed Agent signatu	re requir	guired when reinstating) DATE	
FILE NOW!!! FEE IS \$50.00 (In accordance with s. 607.193(2)(b), F.S., the limited							the limited Make check payable to	
		FEE IS \$50.00 B, Fee will be \$100.00		liability company did not receive the prior no			4.0	
9.		MANAGING MEMBER	RS/MANAGERS	10.	_		ADDITIONS/CHANGES	
TITLE		WATERIOUS WEARDER	Delete	TITL			GRM ☐ Change XIX Addition	
NAME				NAN	- 1		DELGADO, JOSE M.	
STREET ADDRESS CITY-ST-ZIP				1	EET ADDFIESS (-ST-ZIP		OOR ALHAMBRA CIRCLE CORAL GABLES, FL 33134	
TITLE			☐ Delete	TITI	.E		IGRM Change Addition	
NAME				NA	- 1	FI	LEITES, JORGE	
STREET ADDRESS City-St-Zip					EET ADDRESS (-ST-ZIP		220 SUNSET DRIVE, SUITE 102 11AMI, FL 33173	
TITLE			☐ Delete	TITI		MT	TIAMI, FL 33173	
NAME				NAP			800110601288 1071070701042005 **50 00	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP		10/10/0/01043003 *********************************	
TITLE			Delete	7117			☐ Change ☐ Addition	
NAME				NAI				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS		Λ	
TITLE			☐ Delete	TIT			Change Addition	
NAME			Delote	NA.		- TI		
STREET ADDRESS	ļ		TATOTA	T ISI	E TAO TEST	N		
CITY-ST-ZIP		K	Delete Delete	111 111			Change Addition	
NAME			Delete	NA.	ľ		- Consequent	
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP	partifu that th	he information supplied with	this filing does not qualify for		y-ST-ZIF emotions cor	ntainen	ed in Chapter 119. Florida Statutes. I further certify that the information	
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 rightsee empowered to execute this report as required by Chapter 608, Florida Statutes.								
May Felena 1 000								
SIGNAT	·IIRE·	IN BUY THIVI	VA (1/2)	MA	NNY F	IGU	GUEROA 10/5/07 (305) 446-1120	
JIGNAI	SIGNATURE	AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, C	R AUTHORIZED	REPRES	RESENTATIVE Date Daytime Phone #	