

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV 27 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L06000021978</b> 1. Entity Name <b>VALLEJO GROUP, LLC</b>					
Principal Place of Business <b>4169 S.W. 153 AVENUE MIRAMAR, FL 33027</b>			Mailing Address <b>4169 S.W. 153 AVENUE MIRAMAR, FL 33027</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	11202007 REIN-LLC CR2E101 (1/07)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOPEZ, PETER M 1200 BRICKELL AVENUE STE 860 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Peter M. LOPEZ, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1911 NW 150 Avenue</b> Suite <b>201</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33028</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 <span style="float: right;">11/21/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$200.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VALLEJO, JORGE A SR 4169 S.W. 153 AVENUE MIRAMAR, FL 33027</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>200112598092</b>  <b>11/27/07--01018--013 **155.00</b> </div> <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	
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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>SIGNATURE:</b> <span style="float: right;">Managing Member 11/21/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					