


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |                                   |   |                       |  |  |
|--|-----------------------------------|---|-----------------------|--|--|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b>   |                                   | <br><b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                       | <p>2010 JAN 19 AM 10:11</p> <p>SECRETARY OF STATE<br/><b>100166329691</b><br/>01/15/10--01039--007 **555.00</p> <p><b>100166329691</b><br/>01/15/10--01039--007 **555.00<br/>CR2E041 (11/09)</p>   |  |
| <b>DOCUMENT #</b> <u>L06000022749</u>  |                                   |   |                       |  |  |
| 1. Limited Liability Company's Name<br><u>1792-434 INV LLC</u>   |                                   |   |                       |  |  |
| 2. Principal Office Address - No P.O. Box #<br><u>2902 NW 27 AVE</u><br><small>Suite, Apt. #, etc.</small>   |                                   | 3. Mailing Office Address<br><u>2902 NW 27 AVE</u><br><small>Suite, Apt. #, etc.</small>  |                       | 4. State/Country of Formation<br><u>FLORIDA USA</u>  |  |
| City & State<br><u>MIAMI FL</u>  |                                   | City & State<br><u>MIAMI FL</u>   |                       | 5. Date Organized or Qualified To Do Business in Florida<br><u>MARCH-2-2004</u>  |  |
| Zip<br><u>33142</u>  | Country<br><u>USA</u>             | Zip<br><u>33142</u>   | Country<br><u>USA</u> | 6. FEI Number<br><u>20-4417388</u>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 8. Name and Address of Current Registered Agent  |                                   |   |                       | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status   |  |
| Name<br><u>ANTONIO MELEDO</u>  |                                   |   |                       | <input checked="" type="checkbox"/> 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. |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>2902 NW 27 AVE</u>  |                                   |   |                       |  |  |
| Suite, Apt. #, Etc.  |                                   |   |                       |  |  |
| City<br><u>MIAMI</u>   | State<br><u>FL</u>                | Zip Code<br><u>33142</u>  |                       |  |  |
| 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<br><u>[Signature]</u><br><small>REGISTERED AGENT MUST SIGN</small>   |                                   |   |                       | Date<br><u>1-10-2010</u>   |  |
| 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    |  |  |
| <u>MGRM</u>  | <u>ANTONIO MELEDO</u>             | <u>2902 NW 27 AVE</u>   | <u>MIAMI FL 33142</u> |  |  |
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|  |                                   |   |                       |  |  |
|  |                                   |   |                       |  |  |
| 11. E-mail Address: <u>IMELEDO12@BELLSOUTH.NET</u><br><small>(To be used for future annual report notifications)</small>   |                                   |   |                       |  |  |
| 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 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<br><u>[Signature]</u>   |                                   |   |                       | Date <u>1-10-2010</u> Daytime Phone # <u>305-450-5501</u>  |  |
| Typed or printed name of signing Managing Member/Manager   |                                   |   |                       |  |  |