

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000036890					
1. Entity Name PARK VIEW GROUP, LLC					
Principal Place of Business 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 1600 SW 2nd Ave		3. Mailing Address 1600 SW 2nd Ave			
Suite, Apt. #, etc. MIAMI, FL		Suite, Apt. #, etc. Miami FL			
City & State 33129		City & State 33129 USA			
Zip USA		Zip USA			
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>SANTIAGO VANEAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1600 SW 2nd Ave</u> <u>Miami FL 33129</u> City <u>FL</u> Zip Code <u>33129</u>		
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 <u>MJR</u> <u>SANTIAGO VANEAS PRESIDENT</u> <u>JAN 22, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANEGAS, SANTIAGO 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000116035110 01/25/08--01004--013 **377.50	
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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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: <u>Mauricio Hamuy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>JAN 22, 2008 305 859 7745</u> <small>Date Daytime Phone #</small>		

REINSTATEMENT 07-08