



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000077957 1. Entity Name IMPREVISTUS, LLC				FILED 08 JUL 18 PM 2:45 TALLAHASSEE, FLORIDA	
Principal Place of Business 550 VALENCIA AVENUE, SUITE 7 CORAL GABLES, FL 33134		Mailing Address 550 VALENCIA AVENUE, SUITE 7 CORAL GABLES, FL 33134		07	
2. Principal Place of Business - No P.O. Box # 4724 SW 75 Ave Suite, Apt. #, etc.		3. Mailing Address 4724 SW 75 Ave Suite, Apt. #, etc.			
City & State Miami Fla Zip 33155		City & State Miami, Fla Zip 33155		4. FEI Number 07172008 REIN-LLC CR2E101 (1/07)	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, ENRIQUE E 550 VALENCIA AVENUE, SUITE 7 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Vilma Dailey Street Address (P.O. Box Number is Not Acceptable) 5288 SW 69th Place City Miami FL Zip Code 33155		
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 Vilma Dailey (NOTE: Registered Agent signature required when reinstating) DATE 7/17/08					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, ENRIQUE E 550 VALENCIA AVENUE, SUITE 7 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vilma Dailey 5288 SW 69th Pl Miami, Fla 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Enrique E. GOMEZ 4724 SW 75 Ave Miami, Fla 33155	<input checked="" 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	200133391952 07/24/08--01025--007 **277.50		
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		
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		
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: Vilma Dailey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/17/08 Daytime Phone #		

REINSTATEMENT 2007-2008