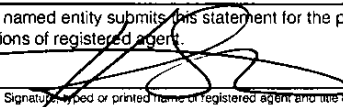
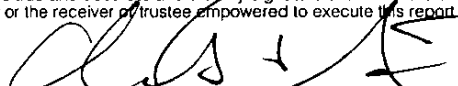


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0600011272 1. Entity Name STREAM MOUNTAIN, LLC						FILED 2007 OCT 16 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484			Mailing Address 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 520 Brickell Key Drive Suite 0-305			10152007 REIN-LLC CR2E101 (1/07)				
City & State Miami, FL		City & State Miami, FL			4. FEI Number 20-8807291				
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE STE 0-3605 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, Suite 0-305 City Miami				FL Zip Code 33131	
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				Hildie Aristondo		DATE 10/15/07			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director/President Diego Caro STREET ADDRESS c/o 520 Brickell Key Dr. #0-305 CITY-ST-ZIP Miami, Florida 33131					
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition ST					
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/11/07-90195-048-\$50.00					
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT					
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 2007					
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <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: 				Mario A de Castro		Date 10/16/2007			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>		Daytime Phone # 338-573-6573			