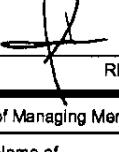
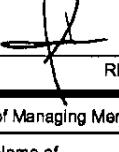
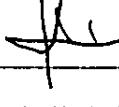


**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000029856			
1. Limited Liability Company's Name <b>SAL, MAR &amp; SONS ENTERPRISES, LLC.</b>			
2. Principal Office Address - No P.O. Box # 3900 NW 79 AVENUE		3. Mailing Office Address 3900 NW 79 AVENUE	
Suite, Apt. #, etc. SUITE 805		Suite, Apt. #, etc. SUITE 805	
City & State DORAL FL		City & State DORAL FL	
Zip 33166	Country USA	Zip 33166	Country USA
8. Name and Address of Current Registered Agent  Name <b>SALVADOR VILLEGAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3900 NW 79 AVENUE</b> Suite, Apt. #, Etc. <b>SUITE 805</b> City <b>DORAL</b> <span style="float: right;">Signature of Registered Agent </span>			
		State <b>FL</b>	Zip Code <b>33166</b>
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  Date <b>10-20-2009</b> REGISTERED AGENT MUST SIGN			
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
MGRM	<b>SALVADOR VILLEGAS</b>	3900 NW 79 AVENUE - SUITE 805	DORAL FL 33166
MGRM	<b>MARTA M. MARTINEZ</b>	3900 NW 79 AVENUE - SUITE 805	DORAL FL 33166
<b>REINSTATEMENT</b> <u>2008-2009</u> <b>9100161979249</b> <b>10/21/09--01004--007 **277.50</b>			
11. 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 		Date <b>10-20-2009</b>	Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager _____			