


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L07000041815**

1. Entry Name  
**CENTURY INVESTORS LLC**



FILED

09 MAR 24 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
2101 S.W. 151 PLACE      2101 S.W. 151 PLACE  
MIAMI, FL 33185      MIAMI, FL 33185

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3631 SW 17 ST**      **3631 SW 17 ST**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

03032009    REIN-LLC      CR2E101 (1/07)

City & State      City & State  
**MIAMI FLORIDA**      **MIAMI FLORIDA**

4. FEI Number      Applied For  
**77-0683209**      Not Applicable

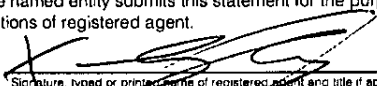
Zip      Country      Zip      Country  
**33145 MIAMI DADE**      **33145 MIAMI DADE**

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GONZALEZ, GERARD**  
2101 S.W. 151 PLACE  
MIAMI, FL 33185

7. Name and Address of New Registered Agent  
Name      **GONZALEZ GERARDO**  
Street Address (P.O. Box Number is Not Acceptable)      **3631 SW 17 ST**  
City      **MIAMI**      FL      Zip Code      **33145**

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.

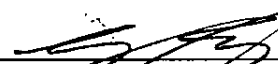
SIGNATURE:       DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to: <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, GERARDO 2101 S.W. 151 PLACE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ GERARDO 3631 SW 17 ST MIAMI FL. 33145 <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	<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
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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:       MGRM      3/2/09      786-315-7925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

REINSTATEMENT 2008-09 JB