


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 PM 4: 05

<b>DOCUMENT # L07000069004</b>	
1. Entity Name DIANA CASTRILLON, LLC	

Principal Place of Business 50 ALHAMBRA PLAZA #761 CORAL GABLES, FL 33134 US	Mailing Address 50 ALHAMBRA PLAZA #761 CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box # Same as above	3. Mailing Address Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent CASTRILLON, DIANA 50 ALHAMBRA PLAZA #761 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name: Same as above Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
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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>Diana Castillon</u> DATE: <u>09/30/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <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 CASTRILLON, DIANA 50 ALHAMBRA PLAZA #761 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500136618015 10/03/08--01055--005 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT** 2008

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.
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Diana Castillon 09/30/08