## **2008 LIMITED LIABILITY COMPANY** REINSTATEMENT

2008 LIMITED LIABILITY COMPANY REINSTATEMENT					FILEU CRETARY OF : ION OF CORPO	STATE		
DOCUMENT # L0700069004  1. Entity Name DIANA CASTRILLON, LLC				3	OCT -9 PM I			
	e of Business RA PLAZA #761 ES, FL 33134 US	Mailing Address 50 ALHAMBRA PLAZA #761 CORAL GABLES, FL 33134 US			11 <b>48</b> 711 1 <b>08</b> 71 <b>48</b> 711 <b>88</b> 717 <b>88</b> 717	RRIJA AIKKO COKK OGIKI ADIJI DI	182: W 1821	
2. Principal Place of Business - No P.O. Box #  Same as above  Suite, Apt. #, etc.		3. Mailing Address Same as alaove Suite, Apt. #, etc.			09302008 REIN-LLC CR2E101 (1/07)			
City & State		City & State		4. FEI Numt		Ar	oplied For	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	S5.00 Add	litional	
	6. Name and Address of Current F	Registered Agent		7. Name an	d Address of New Re	gistered Agent		
50 ALHAM	ON, DIANA IBRA PLAZA #761 ABLES, FL 33134	Name Street Addre	Name Sayme as exhause Street Address (P.O. Box Number is Not Acceptable)					
9 The chave	named antity sylvanite this state And for	City	FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and accept					
	ions of registered agent.  Signature typed or printed name of registered agent a	illan.	:: Registered Agent signature			$\frac{09  30/08}{0000000000000000000000000000000000$	ano accer	
	запашне, турко от рипасотнатие от тедезенно адента а	по пое в аррикасне. (моте	:: Nagistered Agent signstore	reduired when remissions		DATE		
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no		., the limited r notice.	ž	check payable to Department of State	9	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/0	CHANGES		
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NAME STREET ADDRESS	CASTRILLON, DIANA 50 ALHAMBRA PLAZA #761		NAME STREET ADDRESS	<b>500</b> 10/03/08	136618 01055005			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP					
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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. jana Costillón.