

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2010 JUL 30 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000183830910  
07/30/10--01048--003 \*\*\$16.25

CR2E041 (05/10)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # L07000093764**

1. Limited Liability Company's Name

**SOMAR INVESTMENTS PROPERTIES LLC**

2. Principal Office Address - No P.O. Box # <b>801 NW 27TH AVENUE</b>		3. Mailing Office Address <b>801 NW 27TH AVENUE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33125</b>	Country <b>USA</b>	Zip <b>33125</b>	Country <b>USA</b>

4. State/Country of Formation <b>FL / USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>09/13/2007</b>	
6. FEI Number <b>26-1103645</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **ISRAEL RAMOS**

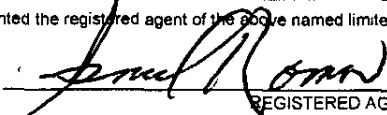
Street Address (P.O. Box Number is Not Acceptable)  
**801 NW 27TH AVENUE**

Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33125**

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



REGISTERED AGENT MUST SIGN

Date **07/27/2010**

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
<b>MGR</b>	<b>ISRAEL RAMOS</b>	<b>801 NW 27 AVENUE</b>	<b>MIAMI, FL 33125</b>

**REINSTATEMENT 08-10**  
**AL**

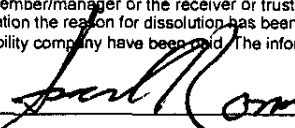
11. E-mail Address:

(To be used for future annual report notifications)

12. 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 **07/27/2010**

Daytime Phone # **305-649-9900**

Typed or printed name of signing Managing Member/Manager **ISRAEL RAMOS**