

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -9 PM 3:22

DOCUMENT # L07000106579

1. Limited Liability Company's Name

ALYA HOLDINGS, L.L.C.

700175025047
04/08/10--01050--014 **416.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

1200 BRICKELL AVENUE

Suite, Apt. #, etc.

#505

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

3. Mailing Office Address

1200 BRICKELL AVENUE

Suite, Apt. #, etc.

#505

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

10/22/2007

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOSE C. MARRERO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1200 BRICKELL AVENUE

Suite, Apt. #, Etc.

#505

City

MIAMI

State

FL

Zip Code

33131

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/28/2010

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
MGR	YUSEF I. GUTTMAN	1200 BRICKELL AVENUE #505	MIAMI, FL 33131

REINSTATEMENT 2008-2010

11. E-mail Address: Jose.marrero@law.com

(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

[Signature]

Date

3/28/2010

Daytime Phone #

(305) 470-2230

Typed or printed name of signing Managing Member/Manager

JOSE C. MARRERO

AUTHORIZED REPRESENTATIVE