

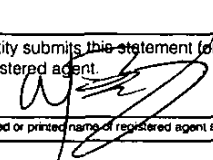



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L07000122758 | |  | | FILED 08 OCT 31 PM 2:45 TALLAHASSEE, FLORIDA | |
| 1. Entity Name WALTER MATTA, LLC | | Principal Place of Business 1153 S.W. 138 STREET MIAMI, FL 33184 | | | |
| Mailing Address 1153 S.W. 138 STREET MIAMI, FL 33184 | |  | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 10302008 REIN-LLC CR2E101 (1/07) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip | | Country | | Zip | |
| Country | | Country | | 6. Name and Address of Current Registered Agent | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| ROTH, RICHARD J 9271 S.W. 136 STREET CIRCLE MIAMI, FL 33176 | | Name WALTER MATTA Street Address (P.O. Box Number is Not Acceptable) 1153 SW 138 ST City Miami FL Zip Code 33184 | | | |
| 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:  10-30-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| MGR MATTA, WALTER 1153 S.W. 138 STREET MIAMI, FL 33184 <input type="checkbox"/> Delete | | | 700137854267 11/12/08--01041--002 **138.75 <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 | | |
| 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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| 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:  10-30-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |