

| APPLICATION FOR<br>REINSTATEMENT FOR<br>LIMITED LIABILITY COMPANY  |                           |                         |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS          |  |
|--|---------------------------|-------------------------|--|---|--|
| <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>  |                           |                         |  |   |  |
| 1. Name and Mailing Address<br>of Limited Liability Company  |                           |                         |  | DOCUMENT # L94000000015   |  |
| J.L. INVESTMENTS OF CENTRAL FLORIDA L.C.<br>Post Office Box 983<br>Coral Gables, FL 33951-0983   |                           |                         |  | 1a. Principal Place of Business Address<br><br>100 S.E. Second Street<br>37th Floor<br>Miami, FL 33131-2136 |  |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.   |                           |                         |  |   |  |
| 2. Principal Place of Business   |                           | 2a. Mailing Address     |  | 3. Date Organized or Qualified  |  |
| 2855 Cypressview Court   |                           | 2855 Cypressview Court  |  | 1-10-94   |  |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.     |  | 3a. State of Formation  |  |
| City & State   |                           | City & State            |  | Florida   |  |
| Kissimmee, FL  |                           | Kissimmee, FL           |  | 4. FEI Number   |  |
| Zip  |                           | Zip                     |  | 65-0465160  |  |
| 34746  |                           | 34746                   |  | <input type="checkbox"/> Applied For  |  |
| Country  |                           | Country                 |  | <input type="checkbox"/> Not Applicable   |  |
| USA  |                           | USA                     |  | 5. Date of Last Report  |  |
|  |                           |                         |  | N/A   |  |
|  |                           |                         |  | 6. Certificate of Status Desired  |  |
|  |                           |                         |  | <input checked="" type="checkbox"/> Additional Fee Required   |  |
| 7. Name and Address of Current Registered Agent  |                           |                         | 8. Name and Address of New Registered Agent                                  |   |  |
| GUILLERMO J. FERNANDEZ-QUINCOCES<br>100 S.E. Second Street<br>37th Floor<br>Miami, FL 33131-2136   |                           |                         | Name<br>JOSE LUIS AMIEVA   |   |  |
|  |                           |                         | Street Address (P.O. Box Number is Not Acceptable)<br>2855 Cypressview Court |   |  |
|  |                           |                         | Suite, Apt. #, etc.  |   |  |
|  |                           |                         | City   |   |  |
|  |                           |                         | Kissimmee  |   |  |
|  |                           |                         | Zip Code   |   |  |
|  |                           |                         | FL 34746   |   |  |
| 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 <i>[Signature]</i> Date <u>4/13/98</u>   |                           |                         |  |   |  |
| REGISTERED AGENT MUST SIGN   |                           |                         |  |   |  |
| 10. Title  | Managing Members/Managers | Business Street Address |  | City, State & Zip Code  |  |
| MGRM   | AMIEVA, JOSE LUIS         | 2855 Cypressview Court  |  | Kissimmee, FL 34746   |  |
| MGRM   | AMIEVA, MARINA DE         | 2855 Cypressview Court  |  | Kissimmee, FL 34746   |  |
| 300002502343--0<br>-04/28/98-01030-002<br>***1075.00 ***1075.00  |                           |                         |  |   |  |
| REINSTATEMENT <i>96-98</i><br><i>CUS</i>   |                           |                         |  |   |  |
| 11. 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 <i>[Signature]</i> Date <u>4/13/98</u> Daytime Phone # <u>(407) 847-7906</u>  |                           |                         |  |   |  |
| Typed or printed name of signing Managing Member/Manager JOSE LUIS AMIEVA  |                           |                         |  |   |  |