

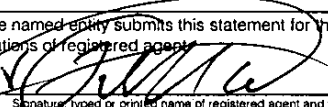
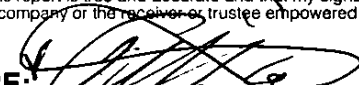


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L95000000246</b> 1. Entity Name <b>CAFE MADRID, L.C.</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>              05 OCT 19 PM 4:04              SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div>	
Principal Place of Business <b>2100 PONCE DE LEON BLVD., SUITE 1170 CORAL GABLES, FL 33134</b>				Mailing Address <b>2100 PONCE DE LEON BLVD., SUITE 1170 CORAL GABLES, FL 33134</b>			
2. Principal Place of Business		3. Mailing Address		 10112005 REIN-LLC CR2E101 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>65-0571655</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>MARQUEZ, PEDRO</b> <b>3695 S.W. 25 TERRACE</b> <b>MIAMI, FL 33133</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Louis J. Terminello, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>TERMINELLO &amp; TERMINELLO, P.A.</b> <b>2700 S.W. 37th Avenue</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33133</b>			
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  DATE <b>10.12.05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>MARQUEZ, PEDRO</b> <input type="checkbox"/> Delete <b>2100 PONCE DE LEON BLVD., STE. 1170</b> <b>CORAL GABLES, FL 33134</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marquez, Pedro</b> <b>8800 S.W. 56 Street (Miller Dr.)</b> <b>Miami, FL 33165</b>		
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		
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		
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		

**REINSTATEMENT 2005**  
**000060923080**  
**10.25.05-01058-000 \*\*150.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**10.12.05 (305)444-5002**  
Date Daytime Phone #