

L96000001268

APPROVED
AND
FILED

03 APR -1 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000001268

1. Limited Liability Company's Name

PRIMERA PROPERTIES, LC

REINSTATEMENT

1997-
2003

200015027212
04/01/03--01001--022 **455.00

2. Principal Office Address 3300 NW 67 ST. Suite, Apt. #, etc.		3. Mailing Office Address 3300 NW 67 ST. Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33147	Country USA	Zip 33147	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 12/05/1996	
6. FEI Number 65-0732851	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name MANUEL J. ROJAS	
Street Address (P.O. Box Number is Not Acceptable) 3300 N.W. 67 STREET	
Suite, Apt. #, Etc.	
City MIAMI	State FL
	Zip Code 33147

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 _____ Date 28 MARCH 2003

REGISTERED AGENT MUST SIGN

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
D	MANUEL J. ROJAS	3300 NW 67 ST, MIAMI	MIAMI, FL 33147
D	BARBARA A. ROJAS	3300 NW 67 ST.	MIAMI, FL 33147

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 _____ Date 3/28/03 Daytime Phone # 305/681-0000

Typed or printed name of signing Managing Member/Manager _____

CR2ED41 (10/02)