

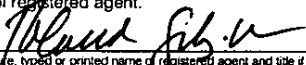
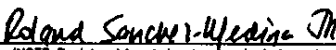



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 29 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000895 1. Entity Name MASCAP DEVELOPMENT, L.C.																																																											
Principal Place of Business 3155 N.W. 77TH AVENUE MIAMI, FL 33155			Mailing Address 3155 N.W. 77TH AVENUE MIAMI, FL 33155																																																								
2. Principal Place of Business 3750 NW 87 Avenue Suite, Apt. #, etc. 400		3. Mailing Address 3750 NW 87 Avenue Suite, Apt. #, etc. 400																																																									
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 65-0779526																																																							
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																							
6. Name and Address of Current Registered Agent JUAN CARLOS MAS 3155 N.W. 77TH AVENUE MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Roland Sanchez-Medina, Jr. Street Address (P.O. Box Number is Not Acceptable) 2333 Ponce de Leon Boulevard City Coral Gables FL Zip Code 33134																																																							
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		NOV 22, 2004 <small>DATE</small>																																																							
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		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																																																							
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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: 				11/22/04 (305) 448-4344																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																																																							