

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L98000001292		FILED 99 DEC 28 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name LAMRA LIMITED, L.L.C.			
2. Principal Office Address 19495 Biscayne Blvd Suite, Apt. #, etc. #705 City & State Aventura, FL Zip 33180 Country USA		3. Mailing Office Address 19495 Biscayne Blvd. Suite, Apt. #, etc. #705 City & State Aventura, FL Zip 33180 Country USA	
		4. State/Country of Formation FL	
		5. Date Organized or Qualified To Do Business in Florida 7/31/98	
		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent			
Name Leon Egozi, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 19495 Biscayne Blvd.			
Suite, Apt. #, Etc. #705			
City Aventura		State FL	Zip Code 33180
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 11/10/99	
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
MGRM	DEVON HOLDINGS, LTD.	19495 Biscayne Blvd. Ste 705	Aventura, FL 33180
REINSTATEMENT			
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 12/22/99	
Typed or printed name of signing Managing Member/Manager Maxio Peri		Daytime Phone (305) 937-2664	