

**L99000001290**

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02 OCT -9 PM 1:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000001290

1. Limited Liability Company's Name

CC & DD LLC

400008375064  
 10/15/02--01025--030 \*\*255.00

2. Principal Office Address

2100 PONCE DE LEON BLVD

3. Mailing Office Address

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 3/08/99

6. FEI Number

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)

2100 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

SUITE 600

City

CORAL GABLES

State

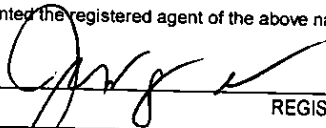
FL

Zip Code

33134

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



REGISTERED AGENT MUST SIGN

Date 10/7/02

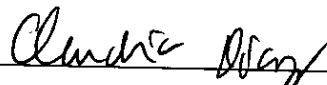
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DIAZ, CLAUDIA	2951 SOUTH BAYSHORE DRIVE APARTMENT 714	COCONUT GROVE, FL 33133
MGRM	DIAZ, ESPERANZA	2951 SOUTH BAYSHORE DRIVE APARTMENT 714	COCONUT GROVE, FL 33133

**REINSTATEMENT 00-02**

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 10/7/02

Daytime Phone # 305-968-3525

Typed or printed name of signing Managing Member/Manager CLAUDIA DIAZ

CR2E041 (9/00)