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LIMITED LIABILITY REINSTATEMENT

GAIRA LLC

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L99-2591

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 9, 2001

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GAIRA LLC
2305 N.W. 107TH AVENUE
MIAMI, FL 33172

SUBJECT: GAIRA LLC
REF: L99000002591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # L99000002591

1. Limited Liability Company's Name

L99000002591

GAIRA LLC

2. Principal Office Address	3. Mailing Office Address
2305 N.W. 107 Avenue	2305 N.W. 107 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/20/1999

6. FEI Number: Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

Name: Carlos Del Corral

Street Address (P.O. Box Number is Not Acceptable): 2305 N.W. 107 Avenue

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33172

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: Carlos del Corral Date:

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
MGR	Carlos Del Corral	2305 N.W. 107 Avenue	Miami, Florida 33172
MGR	Maria Carmen Del Corral	2305 N.W. 107 Avenue	Miami, Florida 33172

2001

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: Carlos del Corral Date: Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Carlos Del Corral

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