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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003034

1. Limited Liability Company's Name
BILLDEN REALTY, L.L.C.

4/1 2002-2003

2. Principal Office Address	3. Mailing Office Address
10520 N.W. 26TH STREET	10520 N.W. 26TH STREET
Suite, Apt. #, etc. SUITE C-201	Suite, Apt. #, etc. SUITE C-201
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172 / County USA	Zip 33172 / County USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida: 5/26/99

6. FEI Number: 65-1019576 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED: X

8. Name and Address of Current Registered Agent

Name: JOSE E. CABANAS

Street Address (P.O. Box Number is Not Acceptable): 10520 N.W. 26TH STREET

Suite, Apt. #, Etc.: SUITE C-201

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: _____ Date: 4/1/03
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOSE E. CABANAS	10520 N.W. 26TH STREET, C-201	MIAMI, FLORIDA 33172

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 608.508, 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: 4/1/03 Daytime Phone: (305) 513-3239

Typed or printed name of signing Managing Member/Manager: JOSE E. CABANAS, Manager