

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM  
L99000004581

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

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

02 JUN 17 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L99000004581

1. Limited Liability Company's Name

INVERSIONES TORCOROMA LC

2001-2002

2. Principal Office Address		3. Mailing Office Address	
2100 PONCE DE LEON BLVD		2100 PONCE DE LEON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 600		SUITE 600	
City & State		City & State	
CORAL GABLES, FL		CORAL GABLES, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. State/Country of Formation	
FLORIDA	
5. Date Organized or Qualified To Do Business in Florida	
7/27/99	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
APPLIED FOR	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 BLVD.	
Suite, Apt. #, Etc.	
SUITE 600	
City	
CORAL GABLES, FL	
State	Zip Code
FL	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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/08/02

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	CONTRERAS, JAVIER JOSE	2100 PONCE DE LEON BLVD, STE 600	CORAL GABLES, FL 33134
MGRM	CONTRERAS, SARA LUCIA	2100 PONCE DE LEON BLVD, STE 600	CORAL GABLES, FL 33134
MGRM	GRANADOS DE CONTRERAS, MARIA GILMA	2100 PONCE DE LEON BLVD, STE 600	CORAL GABLES, FL 33134
MGRM	CONTRERAS, ADRIANA M.	2100 PONCE DE LEON BLVD, STE 600	CORAL GABLES, FL 33134

REINSTATEMENT 2001-2002

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

*[Signature]*

Date 6/08/02 Daytime Phone # 305-279-4101

Typed or printed name of signing Managing Member/Manager JAVIER JOSE CONTRERAS, MANAGING MEMBER