## PLEASE READ, ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY			A DEPARTMENT OF STATE  Secretary of State		2004 MAR 1 6 PM 12: 44  DIVISION OF CORPORATIONS			
								REINSTATE
	- " NV @C	00000	ridet	7				
DOUMEN				'				
1. Listited Liability Company's Name Suttles PANAMA City REAL Property								
ll '					700028015077 02/02/0401063002 **i50,00			
Holdings, CCC					02/02/0	/4U1U63UU2 **) ·	150.UU	
2. Principal Office Address 3. Mailing Office Address								
210 ESS	EX AVE E.	ZIO ESSEX AVE E.			4. State/Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Date Organized or Qualified			
					To Do Business in Florida			
City & State  City & State  City & State			The Kanar		6. FEI Number Applied For			
Zip	Country	Zip	Country		7.	647251	Not Applicable	
0,001	USA	67001	<u>us</u>	A		OF STATUS DESIRED (078)	Afficial Recognical Conflicate of Status	
8- Name and Address of Current Registered Agent								
Name HENDRIX, CUFF								
Street Address (P.O. Box Number is Not Acceptable)								
Suite, Apt. #, Etc.								
700028015077								
City PALAMA CITY) FL STYOU								
9. I, being appointed the registered agent of the above name limited liability con/pany, and familiar with and accept the obligations of Chapter 608/ F.S.								
Signature of 3/8/54								
Registered Agent COST WAXX Date O O O								
10. Names and Street Addresses of Managing Members/Managers								
Titles	ers	Street Address of Each		n ger	City / State /	Zip		
	74	210 FESSEX ANE F		AST PAIENTE A) (DOO)		67 601		
MORM DAYA CRASING 2450M, INC								
MERM ROA	WHY CI EI GIA	3 6	1B #336	245	# 1	Spy Jupy, PR	, ००१०	
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REINSTATEMENT 2003-04 W								
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 filling this reinstatement application the reasonable formula to company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been point. 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 133/09 Daytime Phone # 132 750 9100								
Typed or printed name	Typed or printed name of signing Managing Member/Manager RonAlo B DAVA							
Types of printed name of signing managing monitorizationage.								