## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

Principal Place of Business 5600 NW 36 ST., #101 MIAMI, FL 33122  2. Principal Place of Business - No P.O. Box # P.O. Box # P.O. Box 524 587  Suile, Apt. #, etc.	LED 12 PM 3.49
2. Principal Place of Business - No P.O. Box # P.O. Box 524587  Suite, Apt. #, etc.	RY OF STATE SEE, FLORIDA
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   10312008 REIN-LLC CRZE   City & State   MIAMN   FL	
Zip	101 (1/07)
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am the obligations of registered agent.  Signature. typed or printed name of registered agent and title of applicable  (NOTE: Registered Agent alignature regulated when reinstating)  DATE  FILE. NOW!!!_FEE IS \$138.75  ARTER January 1, 2009, Fee will be \$277.50  MANAGING MEMBERS/MANAGERS  THE MORE MANAGING MEMBERS/MANAGERS  TEIXEIRA, ANTONIO L  SERET ADDRESS  THE MANAGING MEMBERS/MANAGERS  THE MANAGING MEMBERS/MANAGING MEMBERS/MA	Applied For Not Applicable
6. Name and Address of Current Registered Agent  TEIXEIRA, ANTONIO L 5600 NW 36 ST., #101  MIAMI, FL 33122  City  City  FL  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of registered agent.  Signature. typed or printed name of registered agent and title if applicable.  FILE NOW!!!_FEE.IS \$138.75  After January 1, 2009, Fee will be \$277.50  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  FILE NOW!!!_FEE.IS \$138.75  After January 1, 2009, Fee will be \$277.50  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  FILE NOW!!!_FEE.IS \$138.75  After January 1, 2009, Fee will be \$277.50  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  FILE NOW!!!_FEE.IS \$138.75  ADDITIONS/CHANGES  IN STREET ADDRESS  CITY-ST-ZIP  IN MARKE  SIRRET ADDRESS  CITY-ST-ZIP  IN LE NAME  SIRRET ADRESS  CITY-ST-ZIP  IN LE NAME  SIRRET ADDRESS  CITY-ST-ZIP  IN LE	\$5.00 Additional Fee Required
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City  FL  3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!!_FEE.IS.\$138.75  After January 1, 2009, Fee will be \$277.50  MANAGING MEMBERS/MANAGERS  INE  MARK  TEIXEIRA, ANTONIO L  SIREET ADDRESS  SITEST ADDRESS  SI	
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SIGNATURE    Signature typed or printed name of registered agent and bitle if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	familiar with, and accept
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing membi limited liability company or the receiver or trustee empowered prexecute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:	ly that the information er or manager of the