



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000116971 1. Entity Name FLA - 3L'S, INC.	
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FILED
07 MAY 22 PM 2: 11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVE, SUITE 2950 MIAMI, FL 33131	Mailing Address SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVE, SUITE 2950 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT 00-07

072620 REA P... E098

4. FEI Number 20-8844843	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

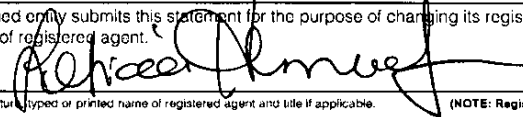
**HERNANDEZ, LETICIA ESQ
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVE, SUITE 2950
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **5-18-07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GIANGRANDI, AUGUSTO
STREET ADDRESS	16485 COLLINS AVE., #2136
CITY-ST-ZIP	SUNNY ISLES, FL 33160

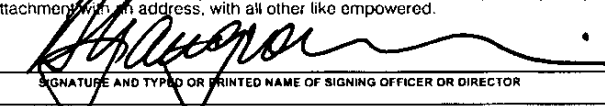
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	\$75/31
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **2-26-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #