

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 19 AM 10:22

DOCUMENT # L02000017766

1. Limited Liability Company's Name  
1385, LLC

2. Principal Office Address  
1385 Coral Way

3. Mailing Office Address  
1385 Coral Way

Suite, Apt. #, etc.  
PH 401

Suite, Apt. #, etc.  
PH 401

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33145

Country

Zip  
33145

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida 07/15/2002

6. FEI Number  
55-0789719

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

000061605010  
11/22/05--01005--004 \*\*150.00

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name  
David E. Marko, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
3001 S.W. 3rd Avenue

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33129

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 10/17/2005

REGISTERED AGENT MUST SIGN

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
Mgr	Ricardo Londono	1385 Coral Way, Ph 401	Miami, FL 33145

REINSTATEMENT 04-05

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

Date 10/17/2005

Daytime Phone # 305-285-7373 ex321

Typed or printed name of signing Managing Member/Manager