

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

08 MAY 29 AM 10:01

DOCUMENT # L01000015876

1. Limited Liability Company's Name

Banos LLC

900120588319
06/05/08--01037--013 **971.25

900120588319
03/18/08--01012--007 **832.50

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>9559 Collins Ave</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>apt 308 202</u>		Suite, Apt. #, etc.	
City & State <u>Surfside</u>		City & State	
Zip <u>51 33154</u>	Country <u>Dade</u>	Zip	Country

4. State/Country of Formation <u>Florida/Dade</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/17/01</u>	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 <u>Teresa Baños</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>9559 Collins Ave Apt 308 202</u>			
Suite, Apt. #, Etc.			
City <u>Surfside</u>		State <u>FL</u>	Zip Code <u>33154</u>

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 03/11/08

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	Jose Maria Carrera Baños	Reforma 1415	México DF 11000
MGRM	Manuel Carrera Baños	Ruben Dario 223 - 5C	México DF 11580
MGRM	Maria Paloma Carrera Baños	Ruben Dario 223 - 7C	México DF 11580

FF \$971.25 REINSTATEMENT
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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 03/11/08 Daytime Phone# 305-867-6889

Typed or printed name of signing Managing Member/Manager Teresa Baños thles