PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAY 30 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000041875

CR2E041 (1/07)

1. Limited Liability Company's Name

FREI-Hunter, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
701 Waterford Way	701 Waterford Way
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State Miami FL	City & State Miami, FL
Zip 33126 Country	Zip 33126 Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 6/03/2004

6. FEI Number ☒ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Jeffrey L Baxter, Esq.
Street Address (P.O. Box Number is Not Acceptable): 15300 New Barn Road
Suite, Apt. #, Etc.: 104
City: Miami Lakes | State: FL | Zip Code: 33014

☑ 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 fee waived. 200103930392
06/05/07--01046--028 **250.00

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: J Baxter — REGISTERED AGENT MUST SIGN — Date: 5/22/2007

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	Frank J. Carreras	701 Waterford Way, #300	Miami, FL 33126
MGRM	Iliana Maceiras	701 Waterford Way, #300	Miami, FL 33126
MGRM	Nildo Verdeja	701 Waterford Way, #300	Miami, FL 33126
		REINSTATEMENT	

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: 05/22/07 — Daytime Phone #: 305-444-8350

Typed or printed name of signing Managing Member/Manager: FRANK J. CARRERAS