
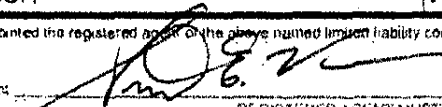
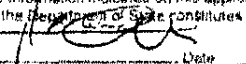


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L-04000085473					
1. Limited Liability Company's Name MADRID PROPERTIES, LLC					
2. Principal Office Address - No P.O. Box # c/o Kellermann Varela, PL, 605 Lincoln RD		3. Mailing Office Address c/o Kellermann Varela, PL, 605 Lincoln RD		4. State/Country of Formation FLORIDA/USA	
Suite, Apt. #, etc. STE 400		Suite, Apt. #, etc. STE 400		5. Date Organized or Qualified To Do Business in Florida <small>NOVEMBER 24, 2004</small>	
City & State Miami, FL		City & State Miami, FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33139	Country US	Zip 33139	Country US	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				CR2E041 (1/14)	
Name KELLERMANN VARELA PL				05/12/14 01003 001	
Street Address (P.O. Box Number is Not Acceptable) 605 LINCOLN RD				\$1210.00	
Suite, Apt. #, Etc. STE 400				300260067233	
City MIAMI BEACH		State FL	Zip Code 33139		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date 6/2/14	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MGR	JESUS FERNANDO CIMARRO OLAVARRI	c/o Kellermann Varela, PL, 605 LINCOLN RD, STE 400	MIAMI BEACH, FL 33139		
11. E-mail Address steven@kv-pl.com <small>(To be used for future annual report notifications)</small>					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager 				Date 6/2/14	Daytime Phone # 305-479-5676
Typed or printed name of signing Authorized Representative/Manager JESUS FERNANDO CIMARRO OLAVARRI, MANAGER					