

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 MAY 27 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
900156131869  
05/18/09-01029-011 \*\*\*600.00  
CR2ED41 (10/08)

**DOCUMENT #**

1. Limited Liability Company's Name

GRUPO PRIME, LLC

L06000028378

2. Principal Office Address - No P.O. Box #

Av. Ernesto Blohm y La Estancia

Suite, Apt. #, etc.

Centro Banaven Chuao

City & State

Caracas, Miranda

Zip  
1064

Country  
Venezuela

3. Mailing Office Address

C/O Monahan 2519 Galiano Street

Suite, Apt. #, etc.

Suite 703

City & State

Coral Gables, FL 33134

Zip  
33134

Country  
USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 03/16/2006

6. FEI Number  
20-4798704

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  
ROARK R. MONAHAN CPA

Street Address (P.O. Box Number is Not Acceptable)  
2519 Galiano Street

Suite, Apt. #, Etc.  
SUITE 703

City  
CORAL GABLES

State Zip Code  
FL 33134

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

Date 5/15/09

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FELIX MORANTES	2519 Galiano Street, Ste. 703	Coral Gables, FL 33134
MGR	JUAN BERNARDO GONZALEZ	2519 Galiano Street, Ste. 703	Coral Gables, FL 33134

**S. HAWKES**

MAY 28 2009

**EXAMINER**

**REINSTATEMENT**

2007-09

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 14/05/2009 Daytime Phone# (0212) 9930921

Typed or printed name of signing Managing Member/Manager JUAN BERNARDO GONZALEZ