

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000031369

1. Limited Liability Company's Name

BARRIEFIELD LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 11 OCT 11 PM 2:11

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CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 600 BILTMORE WAY		3. Mailing Office Address 600 BILTMORE WAY	
Suite, Apt. #, etc. #1205		Suite, Apt. #, etc. #1205	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country	Zip 33134	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 3/22/07	
6. FEI Number 20-1203235	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 **AGUSTIN DE GOYTISOLO, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
600 BILTMORE WAY

Suite, Apt. #, Etc.
#1205

City **CORAL GABLES** State **FL** Zip Code **33134**

E-mail Address:

(To be used for future annual report notices)

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 /s/ AGUSTIN DE GOYTISOLO Date 10/11/2011

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	ANDRES NANNETTI	305 LEXINGTON AVE., #7-C	NEW YORK, NY 10016
MGR	NICOLAS F. NANNETTI	APARTADO POSTAL 100692	BOGOTA, COLOMBIA

REINSTATEMENT 2011

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager /s/ ANDRES NANNETTI Date 10/11/2011 Daytime Phone # _____

Typed of printed name of signing Managing Member/Manager _____