

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

*AK*

CR2E041 (1/11)

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

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>3/22/07</b>	
6. FEI Number <b>20-1203235</b>	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** 500213598855  
10/24/11--01008--013 \*\*\*238.75

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 \_\_\_\_\_