

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
AND
FILED

13 SEP 24 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000050070

1. Limited Liability Company's Name
PRIVANZA, LLC

700252014127
09/24/13--01027--010 **377.50

CRZE041 (1/11)

2. Principal Office Address - No P.O. Box # 9100 SOUTH DADELAND BLVD.		3. Mailing Office Address 9100 SOUTH DADELAND BLVD.	
Suite, Apt. #, etc. SUITE 1600		Suite, Apt. #, etc. SUITE 1600	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	Country USA	Zip 33156	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida APRIL 28, 2011	
6. FEI Number 32-0339419	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name
JORGE L. ALDECOA, CPA

Street Address (P.O. Box Number is Not Acceptable)
9100 SOUTH DADELAND BLVD.

Suite, Apt. #, Etc.
SUITE 1600

City
MIAMI

State
FL

Zip Code
33156

E-mail Address:
JALDECOA@BRAAE.COM

(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 *Jorge L. Aldecoa* Date 9/23/13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Albert Claude Francois Astier	9100 SOUTH DADELAND BLVD., SUITE 1600	MIAMI, FL 33156
MGRM	Gloria Margarita Borja Nieto	9100 SOUTH DADELAND BLVD., SUITE 1600	MIAMI, FL 33156

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.; 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 606.406, 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.817.156, F.S.

Signature of Managing Member/Manager *Albert Claude Francois Astier* Date 9/23/13 Daytime Phone # (305) 670-1984x213

Typed or printed name of signing Managing Member/Manager: ALBERT CLAUDE FRANCOIS ASTIER