

LU2000027440

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 10 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027440

1. Limited Liability Company's Name:

Confeypel, LLC

2. Principal Office Address

3500 Mystic Pointe Drive

Suite, Apt. #, etc.

Tower 400, Apt. 3004

City & State

Aventura, FL

Zip

33180

County

MIAMI-DADE

3. Mailing Office Address

3500 MYSTIC POINTE DRIVE

Suite, Apt. #, etc.

TOWER 400 APT 3004

City & State

AVENTURA

Zip

33180

County

MIAMI-DADE

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/10/2002

6. FEI Number

20-0479131

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

Lizabeth F. Calvo

Street Address (P.O. Box Number is NOT Acceptable)

328 Crandon Boulevard

Suite, Apt. #, etc.

Suite 226

City

Key Biscayne

State

FL

Zip Code

33149

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

K. SARRIA AS ATTORNEY IN FACT

Date 11/8/04

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 |
|---------|--------------------------------------|---|--------------------|
| MANAGER | Guillermo Juan Gainza Paz | 3500 Mystic Pointe Drive Tower 400, Apt. 3004 | Aventura FL 33180 |
| MANAGER | Maria Marta de Urquiza | 3500 Mystic Pointe Drive Tower 400, Apt. 3004 | Aventura FL 33180 |

REINSTATEMENT

2004

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11/16/04--01075--003 **50.00

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

K. SARRIA AS

Date 11/8/04

Daytime Phone # 305-365-0902

ATTORNEY IN FACT

Type or print name of signing Managing Member/Manager Guillermo Juan Gainza Paz, MANAGER

LO2000027440

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Confeypel, LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State \$50

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____

by K. Satria as attorney-in-fact

Name: GAINZA PAZ, GUILLERMO JUAN

Title: MANAGER

Date: 11 / 8 / 04

BK