

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 APR -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069696	
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Principal Place of Business 2001 BISCAYNE BLVD STE 2318 MIAMI, FL 33137 US	Mailing Address 601 BRICKELL KEY DRIVE 700 MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2001 BISCAYNE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 2318
City & State	City & State MIAMI, FL
Zip	Country 33137 US



03252009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3172356	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JEFFREY E. CAMPION, P.A. 1730 MAIN ST. 216 WESTON, FL 33326	7. Name and Address of New Registered Agent Name DIEGO BARASSI Street Address (P.O. Box Number is Not Acceptable) 2001 BISCAYNE BLVD, STE 2318 City MIAMI FL Zip Code 33137
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-2009

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PEREZ, VIOLETA 2001 BISCAYNE BLVD STE 2318 MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BARASSI, DIEGO 2001 BISCAYNE BLVD STE 2318 MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR LETTIERI MASSETTA, GERMAN 2001 BISCAYNE BLVD STE 2318 MIAMI, FL 33137 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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04/13/09--01005--012 **277.50

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-26-2009 305-218-5349