

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

GRUPO PRIME, LLC

L06000028378

2. Principal Office Address - No P.O. Box #

Av. Ernesto Blohm y La Estancia

Suite, Apt. #, etc.

Centro Banaven Chuao

City & State

Caracas, Miranda

Zip

1064

Country

Venezuela

3. Mailing Office Address

C/O Monahan 2519 Galiano Street

Suite, Apt. #, etc.

Suite 703

City & State

Coral Gables, FL 33134

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 03/16/2006

6. FEI Number

20-4798704

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

ROARK R. MONAHAN CPA

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

2519 Galiano Street

Suite, Apt. #, Etc.

SUITE 703

City

CORAL GABLES

State

FL

Zip Code

33134

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 5/15/09

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	FELIX MORANTES	2519 Galiano Street, Ste. 703	Coral Gables, FL 33134
MGR	JUAN BERNARDO GONZALEZ	2519 Galiano Street, Ste. 703	Coral Gables, FL 33134

S. HAWKES

MAY 28 2009

EXAMINER

REINSTATEMENT

2007-09

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

Date 14/05/2009 Daytime Phone (042) 9930921

Typed or printed name of signing Managing Member/Manager

JUAN BERNARDO GONZALEZ