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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000191380

1. Limited Liability Company's Name

GUZMAN ENERGY INVESTMENTS LLC

FILED

15 NOV 18 PM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000282482750

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 101 Aragon Avenue Suite, Apt. #, etc. 2nd FL		3. Mailing Office Address 101 Aragon Avenue Suite, Apt. #, etc. 2nd FL	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA

4. State/Country of Formation
FL5. Date Organized or Qualified
To Do Business in Florida 11/13/20156. FEI Number ☐ Applied For
☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

 Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 Hays Street
Apt. #, Etc.
City
Tallahassee

 State
FL
Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

 Courtney Williams
Asst. Vice President

Date 11.17.16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CFO	Alexis Miller	101 Aragon Avenue 2FL	Coral Gables, FL 33134
COO	Christopher Miller	101 Aragon Avenue 2FL	Coral Gables, FL 33134

11. E-mail Address:

AGMiller@GuzmanEnergy.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

11/17/16

Daytime Phone #

3054165346

Typed or printed name of signing authorized representative/member

ALEXIS G. MILLER

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15 NOV 18 PM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 374374 4380133

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : November 17, 2016

ORDER TIME : 3:54 PM

ORDER NO. : 374374-005

CUSTOMER NO: 4380133

DOMESTIC FILINGS

NAME: GUZMAN ENERGY INVESTMENTS LLC

16 NOV 17 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____