

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 9:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000013136

Name and Mailing Address

0000503 01 AV 0.278 **AUTO T3 2 0615 33134-670483



MACH INVESTMENTS, LLC
283 CATALONIA AVENUE 2ND FLOOR
CORAL GABLES FL 33134-6704



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/26/2000

Principal Place of Business

283 CATALONIA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
APPLIED FOR

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

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RASCO, RAMON E	283 CATALONIA AVENUE 2ND FLOOR	CORAL GABLES FL 33134
MGR	ESQUENAZI, SALOMON B	283 CATALONIA AVENUE 2ND FLOOR	CORAL GABLES FL 33134

000024868500
11/20/03--01003--002 **150.00

REINSTATEMENT 2003

12. 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

SIGNATURE REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

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RASCO REININGER PEREZ & ESQUENAZI, P.L.
ATTORNEYS & COUNSELORS AT LAW

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Desiree M. Cuason

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Ana Marie C. Bray
Rachel A. Camber
Desirée M. Cuason
Salomon B. Esquenazi
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Jorge M. Vigil

José Manuel Pallí
Of counsel

*Board Certified-Business Litigation

November 17, 2003

CERTIFIED MAIL

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: *Mach Investments, LLC*

Dear Sir or Madam:

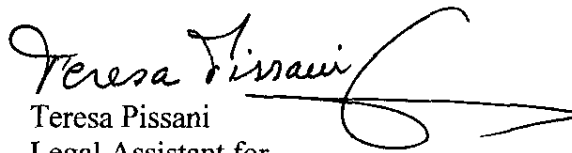
Enclosed please find the Application for Reinstatement for the above-referenced corporation. Also enclosed is check no. 1005 in the amount of One Hundred Fifty and No/100 Dollars (\$150.00) representing the reinstatement fee. Please be advised that we never received the Uniform Business Report for 2003.

Kindly file the above-mentioned report.

Thank you for your attention to this matter.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.


Teresa Pissani
Legal Assistant for
Desiree M. Cuason, Esq.

DMC/ctp
Enclosures
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