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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 03 SEP 16 PM 4:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000003554

1. Limited Liability Company's Name
CONROY, L.L.C.

9/28/03

2. Principal Office Address		3. Mailing Office Address	
11802 SW 100TH TERRACE		11802 SW 100TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33186	Country: U.S.	Zip: 33186	Country: U.S.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/27/2000

6. FEI Number: 65-0995534 ☐ 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: PETERSON, MICHAEL P

Street Address (P.O. Box Number is Not Acceptable): 6361 SUNSET DRIVE

Suite, Apt. #, Etc.

City: SOUTH MIAMI State: FL Zip Code: 33143

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 9/16/03

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
PRESID	ANDRES LUNA	11802 S.W. 100TH, TERRACE	MIAMI, FL. 33186

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09/24/03--01070--012 **250.00

REINSTATEMENT 2001-2003

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 9-9-2003 Daytime Phone # 786 845 9336

Typed or printed name of signing Managing Member/Manager ANDRES LUNA

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