PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| **LIMITED LIABILITY COMPANY REINSTATEMENT** | (Great Seal of the State of Florida) | **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS | FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS *LR 5/30*

02 MAY 16 PM 4:09 |

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1. Limited Liability Company's Name

LINCA, LLC.

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-06/04/02--01037--004
****200.00   ****200.00
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2. Principal Office Address 590 OCEAN DR. #7A	**3.** Mailing Office Address 590 OCEAN DR.	
Suite, Apt. #, etc. STE. #7A	Suite, Apt. #, etc. STE. #7A	**4.** State/Country of Formation FLORIDA, U.S.A.
City & State Key Biscayne, FL.	City & State Key Biscayne, FL.	**5.** Date Organized or Qualified To Do Business in Florida 5/00
Zip 33149	Country U.S.A.	Zip 33149	Country U.S.A.	**6.** FEI Number 65-1009531	Applied For X 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	RAUL ROJAS
Street Address (P.O. Box Number is Not Acceptable)	590 OCEAN DR.
Suite, Apt. #, Etc.	STE. #7A
City	Key Biscayne	State FL	Zip Code 33149

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 _(signature)_

REGISTERED AGENT MUST SIGN

Date 12/1/01

CR2E041 (9/01)

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
MGRM	ANA SILLERY	590 OCEAN DR. #7A	Key Biscayne, FL. 33149
MGRM	ROSENDO ROCHE	650 OCEAN DR. #9E	Key Biscayne, FL. 33149
MGR	RAUL ROJAS (MGR.)	590 OCEAN DR. #7A	Key Biscayne, FL. 33149
	REINSTATEMENT		2001-2002

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 _(signature)_   Date 12/1/01   Daytime Phone # 305 365-9667

Typed or printed name of signing Managing Member/Manager _____