PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -3 PM 12:53

DOCUMENT # L00000008094

1. Limited Liability Company's Name
FRAYOLCRIS L.L.C

2. Principal Office Address	3. Mailing Office Address
30020 S.W. 152 AVE	30020 S.W. 152 AVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: LEISURE CITY FL	City & State: LEISURE CITY FL
Zip: 33033 Country: MIAMI-DADE	Zip: 33033 Country: MIAMI-DADE

4. State/Country of Formation: MIAMI-DADE FLORIDA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 65-106 5820 ☐ 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: FRANCISCO AGUILAR

Street Address (P.O. Box Number is Not Acceptable): 30020 S.W. 152 AVE

Suite, Apt. #, Etc.:

City: LEISURE CITY State: FL Zip Code: 33033

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****150.00 ****150.00

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 _____ Date 12/28/01

REGISTERED AGENT MUST SIGN

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
MANAGER	FRANCISCO AGUILAR	30020 S.W. 152 AVE	LEISURE CITY FL 33033

Rein 100
UBR 50
150 MC

REINSTATEMENT 2001

11. I certify that I am managing member/manager of 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 12/28/01 Daytime Phone # 305 446 1512

Typed or printed name of signing Managing Member/Manager FRANCISCO AGUILAR E.