L00000009004

150.00

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
01 OCT 22 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L00000009004

1. Limited Liability Company's Name

ASSAEL MANAGEMENT, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
1643 BRICKELL AVENUE	921 Broadmoor
Suite, Apt. #, etc.: #301	Suite, Apt. #, etc.:
City & State: MIAMI, FLORIDA	City & State: El Paso, Texas
Zip: 33131 Country: USA	Zip: 79912 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 7/26/2000

6. FEI Number: 65-1028595 ☐ 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: CAPITOL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 1333 NORTH DUVAL ST.

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Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32303

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 _____

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MEMBER/ PRES.	ROBERTO ASSAEL	921 BROADMOOR	EL PASO, TEXAS 79912
MEMBER	ROSA V. ASSAEL	921 BROADMOOR	EL PASO, TEXAS 79912

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REINSTATEMENT 2001

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 10-18-01 Daytime Phone # (915) 727-2472

Typed or printed name of signing Managing Member/Manager: Roberto Assael, Member/President

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(2)

ASSAEL MANAGEMENT, L.L.C.

Attachment to Limited Liability Company Reinstatement

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I being appointed the registered agent of Assael Management, L.L.C., am familiar with and accept the obligations of Chapter 608, F.S.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Capitol Corporate Services, Inc.

Delanie Case

Delanie Case, Assistant Secretary