PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 23 PM 12:42

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900023309199
09/24/03--01070--023 **83.75

900023309199
09/24/03--01070--022 **166.25

DOCUMENT # L00000009216

1. Limited Liability Company's Name
Bienes Raices Florida.Com. LLC

2. Principal Office Address	3. Mailing Office Address
1500 San Remo Ave	
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State Coral Gables	City & State
Zip 33146 / County Miami-Dade	Zip / Country

4. State/Country of Formation August 2, 2000

5. Date Organized or Qualified To Do Business in Florida

6. Fei Number 65-1028753 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: Pablo R. Bared. Esq.
Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Ave
Suite, Apt. #, etc.: Suite 103
City: Coral Gables
State: FL
Zip Code: 33146

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 9.23.03

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
MGRM	Ignacio Jesus Galdos Colon	1500 San Remo # 103	Coral Gables. Fl. 33146
MEM	Jesus Ignacio Galdos Colon	" "	"
MEM	Inaki Rafael Galdos	" "	"
MEM	Brienis J. Munoz Valera	" "	"

REINSTATEMENT 01-03 GA

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 9/23/03 Daytime Phone # 3056666010

Typed or printed name of signing Managing Member/Manager Ignacio Jesus Galdos Colon

(2003) H03000

SEP. 23. 2003 10:10AM NO. 473 P. 1/2