PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 DEC 26 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L00000010059

REINSTATEMENT 2001

1. Limited Liability Company's Name

FREDDIE INVESTMENTS, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1500 San Remo Ave.	1500 San Remo Ave.
Suite, Apt. #, etc.: Suite 125	Suite, Apt. #, etc.: Suite 125
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: Aug. 22, 2000

6. FEI Number: 65-1039547 ☐ 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: Atrium Registered Agents, Inc.

900004742379--4
-12/28/01--01034--001
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue

Suite, Apt. #, Etc.: Suite 125

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 _____ Date 12/13/01
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
MAN	Margarita Diaz Rubio de Ponce	1500 San Remo Ave.#125	Coral Gables, FL 3314

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 12/13/01 Daytime Phone# _____

Margarita Diaz Rubio de Ponce
Typed or printed name of signing Managing Member/Manager