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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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LIMITED LIABILITY REINSTATEMENT

MAFA DEVELOPERS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

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01 NOV 26

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L00000013561

1. Limited Liability Company's Name

Mafa Developers, L.L.C.

2. Principal Office Address	3. Mailing Office Address
15026 SW 113th ST	15026 SW 113th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33196 Country: Dade	Zip: 33196 Country: Dade

4. State/Country of Formation: Florida, U.S.

5. Date Organized or Qualified To Do Business in Florida: 11/03/2000

6. FEI Number: 65-1052714 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 [illegible] Certificate of Status

8. Name and Address of Current Registered Agent

Name: John J. Wightman

Street Address (P.O. Box Number is Not Acceptable): 15026 SW 113th Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33196

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: John J. Wightman — REGISTERED AGENT MUST SIGN — Date:

(Rev. 1/2000)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Robinson Afanador	15661 SW 104 Terr. #319	Miami, FL 33196

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: 11-21-01 Daytime Phone#: 305 4082991

Typed or printed name of signing Managing Member/Manager: Robinson Afanador