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
2006 JUL 12 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015320

1. Limited Liability Company's Name

LOS ROQUES, L.L.C.

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2. Principal Office Address		3. Mailing Office Address	
2500 Nw 79th Ave		8550 W Flagler ST	
Suite, Apt. #, etc		Suite, Apt. #, etc	
116		119	
City & State		City & State	
DORAL, FL		MIAMI, FL.	
Zip	Country	Zip	Country
33122	USA	33144	USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified to Do Business in Florida: 12/11/2000

6. Fed Number: 65-1062136 — 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: VIVIAN HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 8550 W Flagler ST #119

Suite, Apt. #, Etc.: 119

City: Miami, State: FL Zip Code: 33144

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: 7/6/06

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
M/M	JOSE L. COVA	2500 NW 79th Ave #116	Doral, FL 33122
M/M	MARIA PINEROS	2500 NW 79th Ave #116	Doral, FL 33122

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REINSTATEMENT 2005-2006

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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: 7/6/06 Daytime Phone # 305-229-2686