PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 12 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/10/10--01017--025 **652.00

CR2E041 (11/09)

DOCUMENT # L01000001905

1. Limited Liability Company's Name
BONIVENTO LLC

2. Principal Office Address - No P.O. Box #
13379 SW 142nd Terr

Suite, Apt. #, etc.

City & State
Miami FL

Zip 33186 Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
ALBA VARELA ESQ

Street Address (P.O. Box Number is Not Acceptable)
2340 S DIXIE HWY.

Suite, Apt. #, Etc.

City Miami State FL Zip Code 33133

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received, and requesting the $100 reinstatement be waived.

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 Alba Varela Date 05/01/10
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
MGRM	Sergio De Benout	13379 SW 142nd Ter	Miami, FL, 33186

REINSTATEMENT 2007-10

11. E-mail Address:
(To be used for future annual report notifications)

12. 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 05/01/10 Daytime Phone # 954-989-0666

Typed or printed name of signing Managing Member/Manager