PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

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

L01000004486

FILED
03 JUL 11 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004486

Limited Liability Company's Name

Bopoca Sonoma I L.L.C.

Principal Office Address	3. Mailing Office Address
10765 N.W. 70 St.	Same
Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Miami, Fl.	
Country / Zip	Country / Zip
33178	

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/23/2001

6. FEI Number: 65-1087664 ☐ 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: Francisco Pinilla

Street Address (P.O. Box Number is Not Acceptable): 10765 N.W. 70 St.

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07/28/03--01005--003 **200.00

Suite, Apt. #, Etc.

City	State	Zip Code
Miami	FL	33178

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: Francisco Pinilla — REGISTERED AGENT MUST SIGN — Date: 7/9/2003

9. 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 PT D	Francisco Pinilla	10765 N.W. 70 St.	Miami, Fl. 33178
MGRM SD	Geraldina M. Andrade	10765 N.W. 70 St.	Miami, Fl. 33178

REINSTATEMENT 2002-2003

I, I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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: Francisco Pinilla — Date: 7/9/2003 — Phone #: (305)753-1794

Francisco Pinilla
Type or printed name of signing Managing member/manager