

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2002-2003

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005131

1. Limited Liability Company's Name

ARCHITECTURA INGENIERIA SIGLO XXI, L.L.C.

REINSTATEMENT

2. Principal Office Address

2655 LeJeune Road

Suite, Apt. #, etc.

700

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

2655 LeJeune Road

Suite, Apt. #, etc.

700

City & State

Coral Gables, Florida

Zip

33134

Country

USA

4. State/Country of Formation

Florida, Miami-Dade County

5. Date Organized or Qualified
To Do Business in Florida

04/03/2001

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

M. MARIO PEREZ

Street Address (P.O. Box Number is Not Acceptable)

2655 LeJeune Road

Suite, Apt. #, Etc.

700

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 04/09/2003

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
Pres.	Julio Morales Perez	2655 LeJeune Rd., Suite 700	Coral Gables, Florida 33134
VP&S	Centro Inmobiliario R y C, Inc.	2655 LeJeune Rd., Suite 700	Coral Gables, Florida 33134
Treas	Julio Morales Rus	2655 LeJeune Rd., Suite 700	Coral Gables, Florida 33134
Vocal	Radhames Diaz	2655 LeJeune Rd., Suite 700	Coral Gables, Florida 33134

11. I certify that I am managing member/manager of 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

V. PREST. SECRETARY Date 04/09/2003

Daytime Phone # 305-777-0500

Typed or printed name of signing Managing Member/Manager M. Mario Perez

CR2ED41 (10/02)