

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000007166

1. Limited Liability Company's Name

ASVEL HOLDINGS L.C.

2. Principal Office Address - No P.O. Box #

799 CRANDON BLVD.

Suite, Apt. #, etc.

908

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

PO BOX 491050

Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

05/07/2001

6. FEI Number

65-1142323

☐ 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

EDUARDO OSPINA

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

799 CRANDON BLVD.

Suite, Apt. #, Etc.

908

City

KEY BISCAYNE

State

FL

Zip Code

33149

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 **AUGUST 9, 2010**

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
MGR	AMELIA VELASCO	TRANS. 34 #119-55	BOGOTA, COLOMBIA
MGR	SILVIO VELASCO	TRANS. 34 #119-55	BOGOTA, COLOMBIA

REINSTATEMENT -04-10

11. E-mail Address: eaospina305@hotmail.com

(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

8/25/10

Daytime Phone #

305-361-0442

Typed or printed name of signing Managing Member/Manager **AMELIA VELASCO**