


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
04 FEB 17 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900028853349
02/17/04--01023--002 **250.00

DOCUMENT # L01000008044

1. Limited Liability Company's Name

Laso Investments, LLC

2. Principal Office Address

5485 S. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32839

Country

USA

3. Mailing Office Address

5485 S. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32839

Country

USA

4. State/Country of Formation

FL / USA

**5. Date Organized or Qualified
To Do Business in Florida**

May 17, 2001

6. FEI Number

59-3719491

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

Jose L. Laso

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

3692 Seminole Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

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 02/05/2004

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	Jose L. Laso	3692 Seminole Drive	Orlando, FL 32812
Mgr	Claudio Laso	7307 Fulcrum Avenue	Orlando, FL 32812

REINSTATEMENT 02-04

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 02/05/2004

Daytime Phone # 407-888-0035

Typed or printed name of signing Managing Member/Manager Jose L. Laso

CR2E041 (10/02)