

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

03 DEC -5 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009226

1. Limited Liability Company's Name  
MUFASA, LLC

2. Principal Office Address  
10271 SW 72 Street

Suite, Apt. #, etc.  
Suite 102

City & State  
Miami, FL

Zip Country  
33173 USA

3. Mailing Office Address  
10271 SW 72 Street

Suite, Apt. #, etc.  
Suite 102

City & State  
Miami, FL

Zip Country  
33173 USA

4. State/Country of Formation  
Florida / Miami-Dade

5. Date Organized or Qualified  
To Do Business in Florida 06/08/2001

6. FEI Number 043703301

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  
Andres F. Alos

Street Address (P.O. Box Number is Not Acceptable)  
10271 SW 72 Street

Suite, Apt. #, Etc.  
Suite 102

City  
Miami

12/05/03--01033--012 \*\*150.00  
999925255009  
12/05/03--01033--012 \*\*150.00

State Zip Code  
FL 33173

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 12/03/2003

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
MGR	Andres F. Alos	10271 SW 72 Street, Suite 102	Miami, FL 33173
MGR	Martha Vias	10271 SW 72 Street, Suite 102	Miami, FL 33173

REINSTATEMENT

2003  
12/12/03

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 12/03/2003

Daytime Phone # (305) 595-5159

Andres F. Alos