L01000011252

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 17 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800019682648
07/07/03--01022--005 **50.00

800019682648
05/22/03--01003--012 **155.00

DOCUMENT # L01000011252

1. Limited Liability Company's Name
EL TESORO INVESTMENTS L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
2121 Ponce de Leon Blvd.	2121 Ponce de Leon Blvd.
Suite, Apt. #, etc. SUITE 240	Suite, Apt. #, etc. SUITE 240
City & State CORAL GABLES, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33134 Country	Zip 33134 Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07/11/2001

6. FEI Number 65-1120472 ✔ 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: PRATS, GABRIEL

Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.

Suite, Apt. #, Etc.: SUITE 240

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 _____ Date 7-14-03.
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	ISABELLA E. VILLEGAS DE MORON	2121 PONCE DE LEON BLVD. SUITE 240	CORAL GABLES FL. 33134
MGR	JOSE D. MORON	2121 PONCE DE LEON BLVD. SUITE 240	CORAL GABLES FL. 33134
MGR	JULIANA MORON	2121 PONCE DE LEON BLVD. SUITE 240	CORAL GABLES, FL. 33134
MGR	JUAN CARLOS MORON	2121 PONCE DE LEON BLVD. SUITE 240	CORAL GABLES, FL. 33134

REINSTATEMENT 2002-2003

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 JOSE DARIO MORON Date 4-14-03 Daytime Phone # (305) 342-0101

Typed or printed name of signing Managing Member/Manager JOSE DARIO MORON (Manager)