Reinstatement PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	IMENT # LOIOO iability Company's Name Antander Proj				CSEGRETARY OF STA TALLAHASSEE, FLOI	NTE RIOA
2. Principal Suite Apt. #, City & State	Office Address Lincoln Road etc. (000 Country Country OFFICE Address OF	3. Mailing Office Suite, Apt. #, etc City & State		To Do Busin	ized or Qualified Ness in Florida S 5	Applied For Not Applicable Additional Fee required a Certificate of Status
	Name Street Address (P.O. Box Number is N Suite, Apt. #, Etc.	ot Acceptable)	SE and St	ed Agent	gentCorp. Flox State Zip Code	
9. I, being appointed the registered apent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date Date						
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	
HGRH	Flavio Santar		420 Lincoln F	Road	Miami Ber	ach,F133139
				70 10/15	"f'r	247 **200.60
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filing the all fees as if m Signature o Managing M	fy that I am managing member/manager his reinstatement application the reason for sowed by the limited liability company has nade under oath. of Member/Manager	ve been paid. The	trustee empowered to execute this appleen eliminated, the limited liability com information indicated on this application.	is true and accur	ed for in chapter 608, F.S. I furthes the requirements of section 60 ate, and my signature shall have Daytime Phone#	the same legal effect