PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC... DIVISION ... STATE ...TIONS
05 DEC 13 AM 10:15

DOCUMENT # L01000014330

1. Limited Liability Company's Name
INTERAMERICAN FINANCIAL HOLDINGS LLC

CR2E041 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
13396 SW 128 ST.	13396 SW 128 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. State/Country of Formation: FLORIDA

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

6. FEI Number: 55-0820921 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee ...

8. Name and Address of Current Registered Agent

Name: Isabel Ortiz-Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 13396 SW 128 Street

100052119231
12/13/05--01042--005 *50.00

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33186

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 12/7/05
REGISTERED AGENT MUST SIGN

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	Manuel Ortiz	13396 SW 128 St.	Miami, FL 33186

...STALLMENT 04-05

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 608.408, 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 12/7/05 Daytime Phone # 305-233-7251

Typed or printed name of signing Managing Member/Manager _____

COPY

Hemisphere National Bank

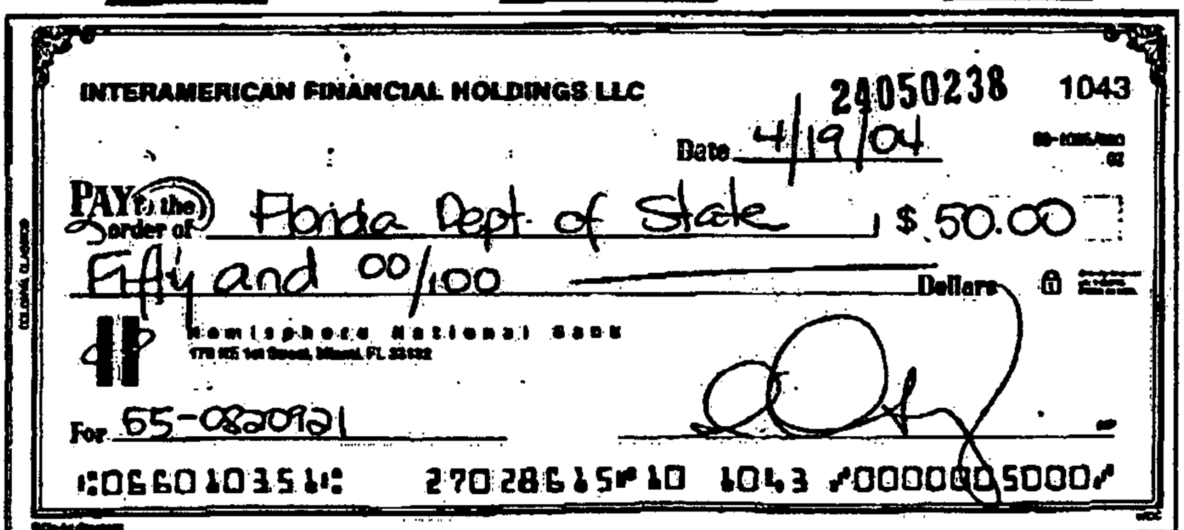
Item Detail

Check 1 of 1

Status: Paid ✔

tranDate	account	amount	serial	tranCode	abn	sequence
05/03/2004	0000000502861500	$50.00	000000001043	000158	066010351	12001001

[redacted] [redacted] [redacted]



INTERAMERICAN FINANCIAL HOLDINGS LLC

24050238 1043

Date 4/19/04

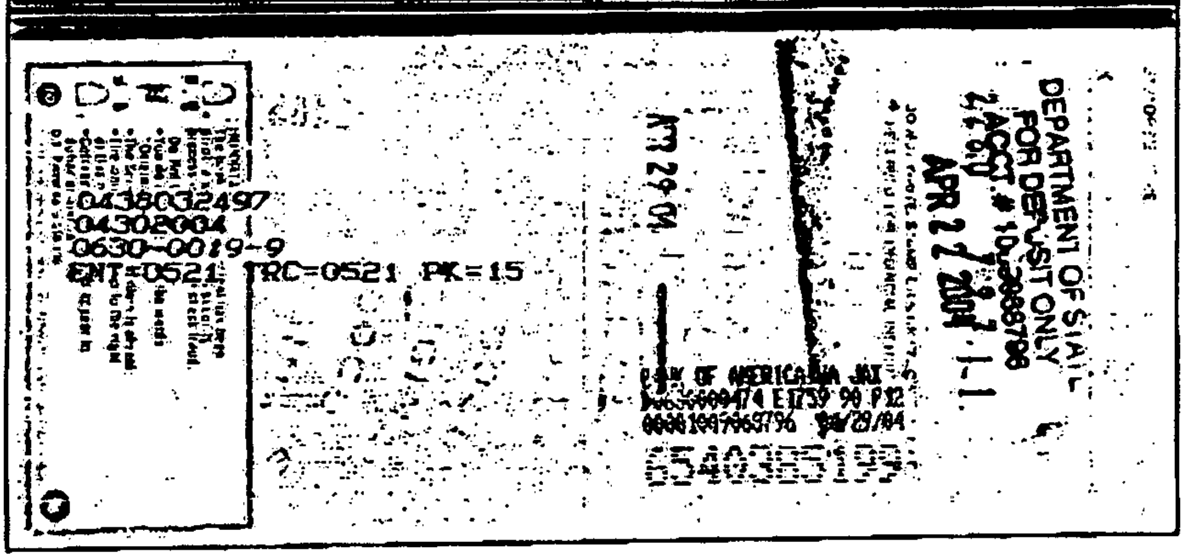
PAY to the order of Florida Dept of State $ 50.00

Fifty and 00/100 Dollars

Hemisphere National Bank

For 65-0820921

⑆066010351⑆ 270286151⑈10 1043 ⑈0000005000⑈



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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 10-3068706
APR 22 2004

BANK OF AMERICA NA JAX

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