


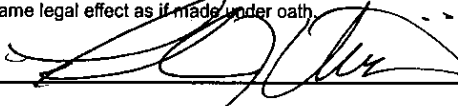
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 DEC -6 PM 4:25 (12/10)	
DOCUMENT # L01000017244					
1. Limited Liability Company's Name AGI DE LOS ANDES, LLC REINSTATEMENT 2002					
2. Principal Office Address P.O. BOX 52-1835 Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State - MIAMI FL		City & State -		5. Date Organized or Qualified To Do Business in Florida 10/08/2001	
Zip 33152	Country	Zip	Country	6. FEI Number 65-1149195	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name FRANK VISCONTI		
Street Address (P.O. Box Number is Not Acceptable) 10300 SW 60TH PLACE		
Suite, Apt. #, Etc.		
City PINECREST	State FL	Zip Code 33156

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 201602
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	FRANK VISCONTI	10300 SW 60TH PLACE	PINECREST, FL 33156

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 201602 Daytime Phone # 305-71-7102
Typed or printed name of signing Managing Member/Manager FRANK VISCONTI, MGR	