

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 OCT 11 AM 9:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L01000017533
 1. Limited Liability Company's Name
VICTOR HUGO MANAGEMENT LLC

| | | | |
|--|---------|--|---------|
| 2. Principal Office Address - No P.O. Box # 915 NW 1st Avenue | | 3. Mailing Office Address 915 NW 1st Avenue | |
| Suite, Apt. #, etc. Apt. T604 | | Suite, Apt. #, etc. Apt. T604 | |
| City & State Miami, Florida | | City & State Miami, Florida | |
| Zip 33136 | Country | Zip 33136 | Country |

| | |
|--|------------|
| 4. State/Country of Formation | Florida |
| 5. Date Organized or Qualified To Do Business in Florida | 10/12/2004 |
| 6. FEI Number | 65-1145356 |
| <input type="checkbox"/> Applied For <input type="checkbox"/> 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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 1840 Southwest 22nd Street

Suite, Apt. #, Etc.
 4th Floor

City
 Miami

State
FL

Zip Code
 33145

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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.

SPIEGEL & UTRERA, P.A.

Signature of Registered Agent By: *Natalia Utrera* Date: 10-10-07

Natalia Utrera, Vice President 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 | Spier, Vitor Hugo | 915 NW 1st Avenue, #T604 | Miami, Florida 33136 |
| REINSTATEMENT 2005-2007 500110955235 10/18/07--01040--017 **150.00 | | | |

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: *Vitor Hugo Spier* Date: 10/16/07 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: Vitor Hugo Spier