PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000020837

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 11 PM 12: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020837

1. Limited Liability Company's Name

Nxtera Partners, LLC

2. Principal Office Address	**3.** Mailing Office Address	
999 Ponce de Leon Blvd	999 Ponce de Leon Blvd	**4.** State/Country of Formation: Florida
Suite, Apt. #, etc. Suite 550	Suite, Apt. #, etc. Suite 550	**5.** Date Organized or Qualified To Do Business in Florida 12/3/01
City & State Coral Gables, Fl	City & State Coral Gables, Fl	**6.** FEI Number 65-1108094 / Applied For / Not Applicable
Zip 33134 / Country USA	Zip 33134 / Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☑ / $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Luis Mena

Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd

Suite, Apt. #, Etc.: Suite 550

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 _____ REGISTERED AGENT MUST SIGN   Date 1/27/03

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
MGRM	Kevin S. Venger	10000 N. Miami Avenue	Miami, Fl 33150
MGR	Michael A. Patrizio	5670 NW 116th Ave #220	Miami, Fl 33178
		3000123O7773 02/11/03 01022-020 **200.00	
	REINSTATEMENT 02-03		

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 1/27/03   Daytime Phone # 305-742-4456

Typed or printed name of signing Managing Member/Manager   Kevin S. Venger