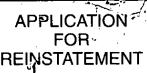
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L01000021995

Name and Mailing Address

FILED 02 DEC 12 AN IO 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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401 MIRACLE MILE, SUITE 408 C/O ROBERTO PERKINS CORAL GABLES FL 33134 8. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET SUITE 300 CORAL GABLES FL 33134 10. I, being appointed the registered agent of the above named/imited liability company Signature of Registered Agent REGISTERED AGENT MUST SIGN	Name Street Address (P	FL 5. Date Organized or Qualified - To Do Business in Florida 6. FEI Number 7. CERTIFICATE OF STATUS DESIRED 9. Name and Address of New Regis PO. Box Number is Not Acceptable) d accept the obligations of Chapter 608, Date Date Date Da	\$5.00 for a tered Ag	Zip Code
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12. I certify that I am managing member/manager or the receiver or trustee empowered filling this reinstatement application he reason for dissolitin has been eliminated, the all fees owed by the limited liability company have been gaid. The information indicate as if made under oath.	d to execute this appl e limited liability compa ed on this application	olication as provided for in chapter 608, pany name satisfies the requirements of significant is true and accurate, and my signature s	F.S. I fur section 6 shall have	rther certify that wher 08.406, F.S., and that e the same legal effe