

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 23 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022569

1. Limited Liability Company's Name

OCEAN NOBLE, LLC

PK
04

300146769903
03/23/09--01005--008 **832.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 10030 SW 40 STREET		3. Mailing Office Address 10030 SW 40 STREET	
Suite, Apt. #, etc. SUITE: B		Suite, Apt. #, etc. SUITE: B	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33165	Country USA	Zip 33165	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/26/2001	
6. FEI Number	<input checked="" 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
MARIO VELEZ, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
10030 SW 40 STREET

Suite, Apt. #, Etc.
SUITE: B

City
MIAMI

State
FL

Zip Code
33165

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.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date 03/03/2009

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	LUIS VEJAR-CORTES	10030 SW 40 STREET - SUITE: B	MIAMI FL 33165
MGR	HECTOR A. VEJAR-CORTES	10030 SW 40 STREET - SUITE: B	MIAMI FL 33165

REINSTATEMENT 2004-2009

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 *[Signature]* Date 03/03/2009 Daytime Phone #

Typed or printed name of signing Managing Member/Manager