

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000007389

1. Limited Liability Company's Name

PAMPA CONCENTRATES, LLC

BK

05

FILED
07 JUN 18 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
250 Bird Road

3. Mailing Office Address
250 Bird Road

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

Zip
33146

Country

Zip
33146

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/27/2002

6. FEI Number

82-0538196

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

BK

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22 Avenue

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.

Signature of
Registered Agent

SPIEGEL & UTRERA, P.A.
[Signature]
BY: NATALIA UTRERA, VICE PRESIDENT

Date

6/15/07

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	Munoz, Alfredo	250 Bird Road, Suite 202	Coral Gables, Florida 33146
ST	Bosio, Eduardo	250 Bird Road, Suite 202	Coral Gables, Florida 33146

REINSTATEMENT 2005-2007

104577191
06/21/07-01052-010 **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

Eduardo Bosio

Date

6/15/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Eduardo Bosio**