

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 17 PM 1:10

DOCUMENT # L02000007607

1. Entity Name  
BENGO ONTIVERO HOLDINGS, LLC



Principal Place of Business  
366 SW 22ND ROAD  
MIAMI, FL 33129

Mailing Address  
366 SW 22ND ROAD  
MIAMI, FL 33129

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10242006 REIN-LLC CR2E101 (11/05)

4. FEI Number

04-3655837

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ONTIVERO, DELIA  
366 SW 22ND ROAD  
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*Delia Ontivero*

(NOTE: Registered Agent signature required when reinstating)

DATE

11/14/06

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ONTIVERO, DELIA  
STREET ADDRESS 366 SW 22ND ROAD  
CITY- ST- ZIP MIAMI, FL 33129

☐ Delete

TITLE MGR  
NAME BENGOCHEA, HILDA  
STREET ADDRESS 354 SW 22ND ROAD  
CITY- ST- ZIP MIAMI, FL 33129

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

400081388994  
10/31/06--01053--009 \*\*150.00

TITLE  
NAME  
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CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ Addition

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Hilda Bengochea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

10/25/06

Daytime Phone #

(305) 854-7494