PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 AUG -6 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/06/07--01002--015 **355.00

CR2E041 (1/07)

DOCUMENT # L02000011117

1. Limited Liability Company's Name

DAS INVESTORS LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
2500 NW 79 AVE. SUITE 178		2500 NW 79 AVE. SUITE 178	
Suite, Apt. #, etc. 178		Suite, Apt. #, etc. 178	
City & State MIAMI,FL		City & State MIAMI,FL	
Zip 33122	Country USA	Zip 33122	Country USA

4. State/Country of Formation FL/USA

5. Date Organized or Qualified To Do Business in Florida 05/08/2002

6. FEI Number 26-0596794 ☐ 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 ANDRES GUERRA

Street Address (P.O. Box Number is Not Acceptable) 2500 NW 79 AVE. SUITE 178

Suite, Apt. #, Etc. 178

City MIAMI State FL Zip Code 33122

☐ 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 _____ Date 7/26/2007

REGISTERED AGENT MUST SIGN

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
PD	ROSA H CHAPARRO	2500 NW 79 AVE. SUITE 178	MIAMI,FL 33122
MG	PASTOR GARCIA.	2500 NW 79 AVE. SUITE 178	MIAMI,FL 33122
OFM	ANDRES GUERRA	2500 NW 79 AVE. SUITE 178	MIAMI,FL 33122

REINSTATEMENT 03-07

#100 - Adm.
#200 - AR

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 7/26/2007 Daytime Phone # 954-639-2636

Typed or printed name of signing Managing Member/Manager ANDRES GUERRA OFFICE MANAGER