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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011672

1. Limited Liability Company's Name

CANOA INVESTMENT L.C.

2. Principal Office Address		3. Mailing Office Address	
13499 Biscayne Blvd		13499 Biscayne Blvd	
Suite, Apt. #, etc. #209		Suite, Apt. #, etc. #209	
City & State North Miami, Fl		City & State North Miami, Fl	
Zip 33181	Country U S A	Zip 33181	Country U S A

4. State/Country of Formation Florida U S A

5. Date Organized or Qualified To Do Business in Florida 5/14/02

6. FEI Number 01-6209583 ☐ 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: Mendez & Mendez, P.A.

Street Address (P.O. Box Number is Not Acceptable): 8370 W. Flagler St

Suite, Apt. #, Etc.: #234

City: Miami State: FL Zip Code: 33144

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: Eqj REGISTERED AGENT MUST SIGN Date: 1/19/2004

CR2E041 (03/03)

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	Guillermo Gutierrez	13499 Biscayne Blvd #209	North Miami, Fl 33181

1/24/04

REINSTATEMENT 03-04

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: Eqj Date: 1/19/04 Daytime Phone # (305)687-5151

Typed or printed name of signing Managing Member/Manager: Eduardo Mendez

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY REINSTATEMENT

CANOA INVESTMENT L.C.

Certificate of Status	0
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