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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 26 AM 9:4
SECRETARY OF STATE
TALLAHASSEE, FLORID

1. DOCUMENT # L02000012381

Name and Mailing Address

0000437 01 AV 0.278 **AUTO T3 1 0615 33134-375613
ESQUINA RAMBLAS, LLC
613 MINORCA AVE.
CORAL GABLES FL 33134-3756

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 05/21/2002

Principal Place of Business
613 MINORCA AVE.
CORAL GABLES FL 33134

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 30-0079439 ☐ 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	9. Name and Address of New Registered Agent
GONZALEZ, IGNACIO 613 MINORCA AVE. CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) 500027584515 01/26/04--01031--013 **205.00 City FL Zip Code

10. 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 REQUIRED Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	IGNACIO GONZALEZ	613 MINORCA AVE CORAL GABLES, FL 33134	CORAL GABLES FL 33134
MGRM	IVO FERNANDEZ	3120 COLLINS AVE #201	MIAMI BEACH, FL 33140
MGRM	KEITH MARTIN	2578 SW 177 AVE	MIRAMAR, FL 33029

REINSTATEMENT 03-04

12. 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 REQUIRED Date 01.12.04 Daytime Phone # 305.607.3451

Typed or printed name of signing Managing Member/Manager