

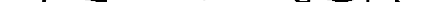
APPLICATION
FOR
EINSTATTEN

03 DEC 17 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. New Mailing Address <div style="text-align: center; font-size: 1.2em;">Same as above</div>		4. State/Country of Formation FL	
City, State, Zip " " "		5. Date Organized or Qualified To Do Business in Florida 05/20/2002	
Principal Place of Business 1306 PIZARRO ST. CORAL GABLES FL 33134	3. New Principal Place of Business Address		6. FEI Number 267-29-3100
	City, State, Zip		Applied For <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent CONTE, RAFAEL M 1306 PIZARRO ST. CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Date 11/22/03 <div style="text-align: center; font-weight: bold;">REGISTERED AGENT MUST SIGN</div>			
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
President	Rafael M. Conte	1306 Pizarro St.	Coral Gables, FL 33134
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p style="font-size: 1.2em; margin: 0;">700024979757</p> <p style="font-size: 0.8em; margin: 0;">11/24/03--01079--019 **155.00</p> </div> <div style="text-align: right;"> <p style="font-size: 1.5em; margin: 0;">REINSTATEMENT</p> <p style="margin: 0;">M THOMAS</p> </div> </div>			

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  Date 11/22/63 Daytime Phone (305) 569-0815

Typed or printed name of signing Managing Member/Manager