

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 27 PM 3:10

DOCUMENT # L02000013883

1. Limited Liability Company's Name
RECONOR MIAMI LLC

100028160061
03/15/04--01016--006 **50.00

2003-2004

2. Principal Office Address
650 NE 85 ST.

3. Mailing Office Address
650 NE 85 ST.

Suite, Apt. #, etc.
APT 6

Suite, Apt. #, etc.
APT 6

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33134 USA

Zip Country
33134 USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida **JUNE 2002**

6. FEI Number 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
GERARDO AMZEL

Street Address (P.O. Box Number is Not Acceptable)
20400 WEST COUNTRY CLUB DRIVE

Suite, Apt. #, Etc.
412

City
AVENTURA

100028160061
02/01/04 FL 33180 002 **15.00

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

REGISTERED AGENT MUST SIGN

Date **01/27/04**

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	ALBERTO AMZEL	20400 WEST COUNTRY CLUB DRIVE	AVENTURA/FLORIDA/33180
MGRM	GERARDO DARIO AMZEL	20400 WEST COUNTRY CLUB DRIVE	AVENTURA/FLORIDA/33180

REINSTATEMENT 2003-2004

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 **1/28/04**

Daytime Phone #

786-489-2169

Typed or printed name of signing Managing Member/Manager