E AGE READ	TO ST	B O	DI THE	H FRM.		
LIM ED LI BIL	Or s	T IT ST S	4	VFIL	ED	
REINSTATEMENT	DIVISION OF C	ORPORATIONS		03 OCT 13	AM 10: 30	
DOCUMENT # LOZOOO/8090  1. Limited Liability Company's Name			SECRETARY OF STARE TALEAHASSEE: FLORIDA			
Fixall Proporties	LLC		50 10713	0002376 /03011020	7595 06 **155.00	
2. Principal Office Address 13899 Bisraque Blvd. 13899 Bisrayu Blvd			4. State/Country of Fo	rmation .		
Suite, Apt. #, etc. / 223			5. Date Organized or To Do Business in	Qualified Florida		
City & State Worth Hiami Beach, FL	Motth Ham Bach, FL		6. FEI Number 412.068 [	 'ZO	Applied For Not Applicable	
2in   Country   USA	33/8/	Country	CERTIFICATE OF STA		dditional Fee required Certificate of Status	
8. Name and Address of Current Registered Agent  Name  1						
9. I, being appointed the registered agent of the about 10 cm of the second signature of Registered Agent Registered	ve named limited liability of STEREO AGENTAL	thonged Ro	accept the obligations of O	chapter 608, F.S.	2003	
10. Names and Street Addresses of Managing Mer	nbers/Managers	Charle Marie Tour				
Managing Members/Manag	Managing Members Managers Managing Member			rager City/State/21p		
MGRM Hilang Filardo Lataronita, Callo P-1, Bose Caracas-Veneturela  MGRM Hilang Filardo Brown dela Layunita, 186 Caracas-Veneturela						
		RE	NSTATE	MENT 2	03	
11. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under path the street of the street of Managing Member/Managing Member/Managing Managing Member.	dissetution has been elimin e peen paid. The information	ated, the limited liability comp indicated on this application	any name satisfies the re-	quirements of section 608. my signature shall have th	406, F.S., and that e same legal effect	