PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -3 AM 10:43

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L02000019022

1. Limited Liability Company's Name

FERGADUR L.L.C

2. Principal Office Address		**3.** Mailing Office Address	
1901 Brickell Av.		1901 BRICKELL AV.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
B-1901		B-1901	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33129	USA	33129	USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: July 2002

6. FEI Number: ~~July 2002~~ ☐ 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: Louis h. la Fontisee, Jr. 900080791739 10/12/06--01059--012 **205.00

Street Address (P.O. Box Number is Not Acceptable): 3121 COMMODORE PLAZA #301

Suite, Apt. #, Etc.: #301

City: Miami | State: FL | Zip Code: 33133

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: 9-26-06

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	IGNACIO GARCIA	1901 BRICKELL AV #B-1901	MIAMI, FL 33129
MGRM	LUIS FERNANDO GARCIA DURAN	C/SANTA QUITERIA #16	08188 Vallromanes, Barcelona, Spain
MGRM	PILAR ECHEVARRIETA IÑIGO	C/SANTA QUITERIA #16	08188 Vallromanes, Barcelona, Spain
MGRM	BORJA GARCIA ECHEVARRIETA	C/SANTA QUITERIA #16	08188 Vallromanes, Barcelona, Spain
MGRM	ANDRES GARCIA ECHEVARRIETA	C/SANTA QUITERIA #16	08188 Vallromanes, Barcelona, Spain
MGRM	ALEJANDRO GARCIA ECHEVARRIETA	C/SANTA QUITERIA #16	08188 Vallromanes, Barcelona, Spain

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: 9/27/06 Daytime Phone #: 305-856-4788

Typed or printed name of signing Managing Member/Manager: Ignacio Garcia