FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -6 AM 10: 19

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000020951

1. Limited Liability Company's Name
Maken, LLC

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
441 N.E.58 Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Florida	City & State
Zip: 33334 Country: USA	Zip Country

4. State/Country of Formation: Florida, U.S.

5. Date Organized or Qualified To Do Business in Florida: 8-15-02

6. FEI Number: 20-2472888. ✔ Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Eduardo A. Guernica, CPA

Street Address (P.O. Box Number is Not Acceptable): 7200 N.W. 19 Street

Suite, Apt. #, Etc.: Suite # 301

City: Miami State: FL Zip Code: 33126

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 _____ 500056394836 06/21/05--01045--020 **250.00
REGISTERED AGENT MUST SIGN

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
Mgrm	Garay, Custodio	441 N.E.58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Sierra, Nury	441 N.E.58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Garay, Javier	441 N.E.58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Garay, David	441 N.E.58 Street	Ft. Lauderdale, Fl. 33334
Mgrm	Arrieta, Miriam	441 N.E.58 Street	Ft. Lauderdale, Fl. 33334

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 608.408, 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 3-10-05 Daytime Phone # 954-553 8616

Typed or printed name of signing Managing Member/Manager _____

CR2E041 (1/99)