

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV -4 PM 3:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022418

1. Limited Liability Company's Name

PANTERA LLC

2. Principal Office Address

1300 Brickell Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33131

Country

US

3. Mailing Office Address

1300 Brickell Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33131

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/29/2002

6. FEI Number

52-2375525

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Milagros Sanchez

Street Address (P.O. Box Number is Not Acceptable)

1300 Brickell Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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 11/2/04

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
MGRM	Furniture Investment, Inc.	1300 Brickell Avenue	Miami, Florida 33131
MGRM	Hector Hugo Bianchi	1300 Brickell Avenue	Miami, Florida 33131

REINSTATEMENT 2003-04

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

11/3/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Edgardo Defortuna, as President of Furniture Investment, Inc.