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FILED
04 NOV 10 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000027440

1. Limited Liability Company's Name:
Confeypel, LLC

BK

2. Principal Office Address 3500 Mystic Pointe Drive Suite, Apt. #, etc. Tower 400, Apt. 3004 City & State Aventura, FL Zip 33180		3. Mailing Office Address 3500 MYSTIC POINTE DRIVE Suite, Apt. #, etc. TOWER 400 APT 3004 City & State AVENTURA Zip 33180		4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 10/10/2002		6. FEI Number 20-0479131		Applied For Not Applicable	
County MIAMI-DADE		County MIAMI-DADE		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status					

8. Name and Address of Current Registered Agent

Name Lizabeth F. Calvo		
Street Address (P.O. Box Number is NOT Acceptable) 328 Crandon Boulevard		
Suite, Apt. #, etc. Suite 226		
City Key Biscayne	State FL	Zip Code 33149

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: K. SARRIA AS ATTORNEY IN FACT Date: 11/8/04
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
MANAGER	Guillermo Juan Gainza Paz	3500 Mystic Pointe Drive Tower 400, Apt. 3004	Aventura FL 33180
MANAGER	Maria Marta de Urquiza	3500 Mystic Pointe Drive Tower 400, Apt. 3004	Aventura FL 33180

REINSTATEMENT 2004
L02000027440
11/16/04--01075--003 **50.00

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: K. SARRIA AS ATTORNEY IN FACT Date: 11/8/04 Daytime Phone #: 305-365-0902
Type or print name of signing Managing Member/Manager: Guillermo Juan Gainza Paz, MANAGER

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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Re: Confeypel, LLC


Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State \$50

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 
by K. Satria as attorney-in-fact

Name: GAINZA PAZ, GUILERMO JUAN

Title: MANAGER

Date: 11/5/04

