

L02000034492

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034492

1. Limited Liability Company's Name
301 Hendricks LLC

2. Principal Office Address
3326 Mary Street

Suite, Apt. #, etc.
Suite 603

City & State
Coconut Grove, FL

Zip Country
33133 USA

3. Mailing Office Address
3326 Mary Street

Suite, Apt. #, etc.
Suite 603

City & State
Coconut Grove, FL

Zip Country
33133 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/23/2002

6. FEI Number
20-0382147

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
World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive

Suite, Apt. #, Etc.
Suite 703

City
Miami

State Zip Code
FL 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

Lonally D. Richards
REGISTERED AGENT MUST SIGN

Date 11-10-2003

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.	Eduardo Naranjo	3326 Mary Street, Suite 603	Coconut Grove, FL 33133
Mgr.	Randy Herscovici	3326 Mary Street, Suite 603	Coconut Grove, FL 33133
Mgr.	Carlos Mauricio Navarro	3326 Mary Street, Suite 603	Coconut Grove, FL 33133

REINSTATEMENT 2003

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

[Signature]

Date 11-12-03 Daytime Phone # 305-858-9900

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)