L03000005973

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -8 PM 2:35

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CR2E041 (10.08)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000005973

1. Limited Liability Company's Name
PARK ROYAL, L.L.C.

06

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2320 Ponce De Leon Blvd.	Same As Principal office.
Suite, Apt. #, Etc.	Suite, Apt. #, Etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 Country: USA	Zip Country

4. State/Country of Formation: STATE OF FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 2/18/2003

6. FEI Number: Applied For ☐ X 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: OSCAR J. VILA, ESQ./VILA, PADRON & DIAZ

Street Address (P.O. Box Number is Not Acceptable): 2320 Ponce De Leon Boulevard

Suite, Apt. #, Etc.

City: Coral Gables State: FL Zip Code: 33134

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Oscar J. Vila Date: 10/05/2009

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
MGR	Pablo Ignacio Gonzalez Carbonell	Insurgentes Sur 1999 Colonia Guadalupe Inn	Mexico, D.F. C.P. 01020
	REINSTATEMENT	2006-2009	

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 608.508, F.S., and that all taxes owed by the limited liability company have been paid. This 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: 10/05/2009 Daytime Phone #: 305)461-4888

Typed or printed name of signing Managing Member/Manager: Pablo Ignacio Gonzalez Carbonell