# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**LIMITED LIABILITY REINSTATEMENT**

**LARC, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 SEP -3 AM 11:07

TALLAHASSEE, FLORIDA

DOCUMENT # L03000007420

1. Limited Liability Company's Name

# LARC, LLC

CR2E041 (05/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3034 NW 82 AVE | 3034 NW 82 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33122 Country: USA | Zip: 33122 Country: USA |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 02/27/2003

6. FEI Number: ☐ 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: Luis Alejandro Rojas

Street Address (P.O. Box Number is Not Acceptable): 3034 NW 82 AVE

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33122

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: Luis Alejandro Rojas by Diana Urrego as attorney-in-fact Date: 9/3/2010

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 | Luis Alejandro Rojas | 3034 NW 82 AVE | MIAMI, FL, 33122 |
| | | | |
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| | | | |

REINSTATEMENT 07-10

11. E-mail Address: annualreports@porpcreations.com (To be used for future annual report notifications)

12. 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: 9/3/2010 Daytime Phone #: 561-694-8107

Typed or printed name of signing Managing Member/Manager: Luis Alejandro Rojas, MGR by Diana Urrego as attorney-in-fact