

250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 PM 12:02

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000008508

1. Limited Liability Company's Name
VISTALEV LLC

2. Principal Office Address 5201 NW 77 AVE		3. Mailing Office Address 5201 NW 77 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 03/10/2003

6. FEI Number 02-0681872

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: David Alcalay

Street Address (P.O. Box Number is Not Acceptable): 7955 NW 13th Street

Suite, Apt. #, Etc.: 400

City: Miami

State: FL Zip Code: 33126

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: [Signature] Date: 7/11/2006

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	ALCALAY, DAVID L.	5201 NW 77 AVE	MIAMI, FL 33196
MGR	GARZON, URIEL F.	5201 NW 77 AVE	MIAMI, FL 33196
500080040326 09/21/06--01055--015 **100.00			
REINSTATEMENT 04-06			
500080040326 09/21/06--01055--015 **150.00			

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 608.405, 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: 7/11/2006 Daytime Phone #: 305-470-7504

Typed or printed name of signing Managing Member/Manager: David Alcalay