


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000019698

1. Limited Liability Company's Name
Crush Cosmetics, LLC

2. Principal Office Address - No P.O. Box #
8345 NW 66th Street

Suite, Apt. #, etc.
#8940

City & State
Medley, FL

Zip
33166

Country
USA

3. Mailing Office Address
2525 Ponce de Leon Blvd. FL 5

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip
33134

Country
USA

4. State/Country of Formation Florida

5. Date Organized or Qualified
To Do Business in Florida 03/02/2003

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
Alonso Herrera

Street Address (P.O. Box Number is Not Acceptable)
2525 Ponce de Leon Blvd. FL 5

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

REGISTERED AGENT MUST SIGN

Date

3/9/2010

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
MGRM	Alonso Herrera	2525 Ponce de Leon Blvd. FL 5	Coral Gables, FL 33134

REINSTATEMENT 06-10

11. E-mail Address alonso@fondoavila.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 608.406, 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

Date

3/9/2010

Daytime Phone # 305-704-7236

Typed or printed name of signing Managing Member/Manager Alonso Herrera

N. Ochoa MAR 22 2010