## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L03000029651** 05 JUL 12 AM 8: 07 BURGOS INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 6140 S.W. 84TH AVE. 6140 S.W. 84TH AVE. MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072005 REIN-LLC CR2E101 (6/04) Applied For City & State City & State 4. FEI Number 20-1271765 Not Applicable Country Zip \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONATHAN R. RUBIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DR, STE 220 MIAMI, FL 33173 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ⊃∏ Change Addition TITLE ☐ Delete **BURGOS, GUILLERMO** NAME NAME STREET ADDRESS STREET ADDRESS 6140 S.W. 84TH AVE. MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change MGRM Delete TITLE TITLE BERMUDEZ, HELENA NAME NAME 6140 S.W. 84TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP Change ☐ Addition MGRM ☐ Delete TITLE TITLE 400057366204 07/12/05--01074--007 \*\*100.00 BURGOS, SERGIO NAME NAME STREET ADDRESS 6140 S.W. 84TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP ☐ Change Addition MGRM ☐ Delete TITLE TITLE BURGOS, MAURICIO NAME NAME 6140 S.W. 84TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ose

HINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE