L03000031356

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC -9 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800062046248

CR2E041 (8/05)

DOCUMENT # L03000031356

1. Limited Liability Company's Name: SEDONA CHILE, LLC

2. Principal Office Address	3. Mailing Office Address
801 Brickell Avenue	801 Brickell Avenue
Suite, Apt. #, etc.: 9th Floor	Suite, Apt. #, etc.: 9th Floor
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 19, 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: CARL A. SPATZ

Street Address (P.O. Box Number is Not Acceptable): 3400 S.W. 3rd Avenue

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33145

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: Carl A Spatz Date: 12/9/05
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
MGM	JASON LOUIS ZABALETA	801 Brickell Avenue 9Fl	Miami, Fl 33131

REINSTATEMENT 2004-2005

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 608.406, 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: [signature] Date: 12/9/05 Daytime Phone #: 786-260-7235

Typed or printed name of signing Managing Member/Manager: JASON LOUIS ZABALETA

CSC

CORPORATION SERVICE COMPANY

L03000031356

ACCOUNT NO. : 072100000032

REFERENCE : 748927 4306972

AUTHORIZATION : Jamela H. Fordyce

COST LIMIT : $ 205.00

ORDER DATE : December 9, 2005

ORDER TIME : 2:0 PM

ORDER NO. : 748927-005

CUSTOMER NO: 4306972

BK

FILED
05 DEC -9 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

RECEIVED
05 DEC -9 PM 2:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: SEDONA CHILE, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY
XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Fordyce - Ext# 2936

EXAMINER'S INITIALS _____