1962

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JAN 18 PM 2:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000035033

1. Limited Liability Company's Name
ANFE CONSULTING, LLC

2. Principal Office Address	3. Mailing Office Address
2600 S DOUGLAS RD	2600 S DOUGLAS RD
Suite, Apt. #, etc. PH 6	Suite, Apt. #, etc. PH6
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134 Country US	Zip 33134 Country US

4. State/Country of Formation: FLORIDA / US
5. Date Organized or Qualified To Do Business in Florida: 9/16/03
6. FEI Number: ☑ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: JOSE I. PADIAL, PA
Street Address (P.O. Box Number is not Acceptable): 2600 S DOUGLAS RD
Suite, Apt. #, Etc.: PH 6
City: CORAL GABLES | State: FL | Zip Code: 33134

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: 01-14-05

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member or Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DANIEL GARCIA	2600 DOUGLAS RD PH 6	CORAL GABLES, FL 33134
MGR	ELVIRA GARCIA	2600 DOUGLAS RD PH 6	CORAL GABLES, FL 33134
MGR	GUILLERMO JOFRE	2600 DOUGLAS RD PH 6	CORAL GABLES, FL 33134

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REINSTATEMENT 2004-05

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 complies the requirements of section 608.508, 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: 01-14-05 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED
2005 JAN 18 PM 2:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

Elvira Garcia

ELVIRA GARCIA
MGR