

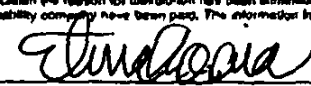
1962

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000035033 1. Limited Liability Company's Name ANFE CONSULTING, LLC			
2. Principal Office Address 2600 S DOUGLAS RD Suite, Apt. #, etc. PH 6 City & State CORAL GABLES, FL Zip 33134		3. Mailing Office Address 2600 S DOUGLAS RD Suite, Apt. #, etc. PH 6 City & State CORAL GABLES, FL Zip 33134	
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 ☐ YES ☐ NO			

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

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 606, F.S. Signature of Registered Agent  Date 01-14-05 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/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
			600045026586 01/19/05--01044--013
REINSTATEMENT			2004-05
11. I certify that I am managing member/manager or the member or officer empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this REINSTATEMENT application the reason for dissolution has been determined, the limited liability company name satisfies the requirements of section 606.006, 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	
Typed or Printed name of signing Managing Member/manager			

CR-001 (02)

**100.00

2072

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
MGR