

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

9-16-05
B 150.00

2007 APR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000040255

1. Limited Liability Company's Name

CHIRAZ, LLC

2. Principal Office Address - No P.O. Box #

220 Alhambra Circle

Suite, Apt. #, etc.

11th Floor

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

3. Mailing Office Address

220 Alhambra Circle

Suite, Apt. #, etc.

11th Floor

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/21/2003

6. FEI Number

200374436

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

CTC Management Services, LLC

Street Address (P.O. Box Number is Not Acceptable)

220 Alhambra Circle

Suite, Apt. #, Etc.

11th Floor

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-26-2006

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	Eduardo Marturet	220 Alhambra Circle	Coral Gables, FL 33134

305101774233
05/02/07--01010--011 **165.00

REINSTATEMENT 05-07

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 2-2-2007

Daytime Phone # 305-441-5555

Typed or printed name of signing Managing Member/Manager Eduardo Marturet