

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 1072

04 NOV 24 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000049938

1. Limited Liability Company's Name

De La Torre Holding, LLC

2. Principal Office Address

3801 Le Jeune Rd.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33146

Country

US

3. Mailing Office Address

3801 Le Jeune Rd.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33146

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/4/03

6. FEI Number

27-0073364

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

Jose I. Padial, PA

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

2100 S. Douglas Road

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

[Signature]

Date

11/23/04

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
P	Francisco De la Torre	3801 Le Jeune Rd.	Miami, FL. 33146
S	Francisco De la Torre, Jr.	3801 Le Jeune Rd.	Miami, FL. 33146

000043063530
11/30/04--01028--001 **58.00

REINSTATEMENT 2004

W/D Penalties

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

11/23/04

Daytime Phone

305-443-8010

Typed or printed name of signing Managing Member/Manager

Francisco De la Torre

CR2EM1 (10/02)

2012

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

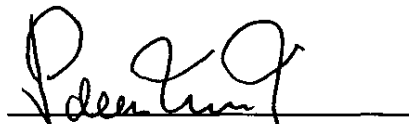
TO WHOM IT MAY CONCERN:

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,


FRANCISCO DE LA TORRE
PRESIDENT