PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY - REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

DOCUMENT # L04000015503

1. Limited Liability Company's Name

BELEN ESTATES LLC 9/17/07

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
4150 N.W. 7 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
208			
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33126			

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 02-26-2004

6. FEI Number
WITH CHANGED NAME
☑ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

NO

8. Name and Address of Current Registered Agent

Name
FRANK DIAZ

Street Address (P.O. Box Number is Not Acceptable)
3128 CORAL WAY

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI, FL	FL	33145-3210

☑ 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 _____ Date 12-22-2008

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
MGRM	JULIO MOREJON JR	4150 N W 7 STREET, SUITE 208	MIAMI, FL 33126

REINSTATEMENT 2007-2008 Without Penalty
JC 12/30/08

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 Julio Morejon Date 12-22-2008 Daytime Phone # 786-303-5010

Typed or printed name of signing Managing Member/Manager JULIO MOREJON JR