

L04000021823

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LIMITED LIABILITY REINSTATEMENT**HUGOBEL, LLC**

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Date: Fri, 11 Jan 2008 11:54:16 -0500

From: Cynthia L. Moore

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Comments:

Hugobel, LLC reinstatement

Adorno & Yoss LLP
2525 Ponce de Leon Boulevard
Suite 400
Miami, Florida 33134

(305) 460-1000

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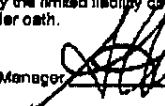
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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000021823					
1. Limited Liability Company's Name HUGOBEL, LLC					
2. Principal Office Address - No P.O. Box # 2525 Ponce de Leon Boulevard		3. Mailing Office Address 2525 Ponce de Leon Boulevard		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400		5. Date Organized or Qualified To Do Business in Florida 03/22/2004	
City & State Coral Gables		City & State Coral Gables		6. FEI Number 20-0897640	
Zip 33134	Country USA	Zip 33134	Country USA	☐ 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 Francisco J. Gonzalez					
Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Boulevard					
Suite, Apt. #, Etc. Suite 400					
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 				Date 01/11/08	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Antonio Hernandez Mancha	2525 Ponce de Leon Blvd., Ste. 400		Coral Gables, FL 33134	
MGR	Maria Belen Martinez Lopez	2525 Ponce de Leon Blvd., Ste. 400		Coral Gables, FL 33134	
REINSTATEMENT 2005. 2007					
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 				Date 01/11/08 Daytime Phone # 305-460-1223	
Typed or printed name of signing Managing Member/Manager Antonio Hernandez Mancha					

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