L04000021823

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From:
Account Name : ADORNO & YOSS, PA
Account Number : 072100000120
Phone : (305)860-7098
Fax Number : (305)460-1422

Please waive the $100 Reinstatement Fee - See Box Checked. Thank you. Cynthia

LIMITED LIABILITY REINSTATEMENT

HUGOBEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$655.00~~

$555.00

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N. Gulligan JAN 14 2008

FAX

To:			
Fax:	18506176383	Date:	Fri, 11 Jan 2008 11:54:16 -0500
From:	Cynthia L. Moore	# of Pages:	3
Ref #:	201204.0001		

Comments:

Hugobel, LLC reinstatement

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

(305) 460-1000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L04000021823

1. Limited Liability Company's Name

HUGOBEL, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
2525 Ponce de Leon Boulevard		2525 Ponce de Leon Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400	
City & State		City & State	
Coral Gables		Coral Gables	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 03/22/2004

6. FEI Number: 20-0897640 ☐ 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

☑ 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 01/11/08

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
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