L04000033735

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
DAVA HOLDINGS LLC

Certificate of Status	0
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N. Gallagher APR 12 2010

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L04000033735

1. Limited Liability Company's Name

DAVA HOLDINGS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11590 NW 67 Terr.	5805 Blue Lagoon Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Ste 200
City & State	City & State
Miami, Fl 33178	Miami, Fl 33126
Zip / Country	Zip / Country
33178 / USA	33126 / USA

4. State/Country of Formation: Fl

5. Date Organized or Qualified To Do Business in Florida: 05/03/2004

6. FEI Number: X Applied For / Not Applicable

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

8. Name and Address of Current Registered Agent

Name: AG CORPORATE SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 5805 Blue Lagoon Dr

Suite, Apt. #, Etc.: Ste 200

City: Miami | State: FL | Zip Code: 33126

☒ 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, hereby accept with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 04/05/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ALFREDO GUIOS	11590 NW 67 Terr.	Miami,Fl 33178
MGRM	MACLEDI GUTIERREZ	11590 NW 67 Terr.	Miami,Fl 33178

REINSTATEMENT 07-10

11. E-mail Address: beatriz@alonso-garcia.com

(To be used for future annual report notification)

12. 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: 04-07-2010

Daytime Phone # 305 448 1898

Typed or printed name of signing Managing Member/Manager