

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 NOV 14 PM 3:04

DOCUMENT # L04000052670

1. Limited Liability Company's Name

Aim Ventures, LLC

400112174664
11/09/07--01039--017 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

4000 Ponce De Leon Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 470

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Zip

33146

Country

USA

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

07/2004

6. FEI Number

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

Alexander Barrios

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

4000 Ponce De Leon Blvd

Suite, Apt. #, Etc.

Suite 470

City

Coral Gables

State

FL

Zip Code

33146

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/1/2007**

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	Alexander Barrios	4000 Ponce De Leon Blvd	Coral Gables, FL 33146
MGMRM	Ivan M Barrios	4000 Ponce De Leon Blvd	Coral Gables, FL 33146

11. I certify that I am managing member/manager of 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 **11/7/07**

Daytime Phone # **305.883.1568**

Typed or printed name of signing Managing Member/Manager

Alexander Barrios

Aim Ventures, Inc.
4000 Ponce De Leon Blvd
Suite 470
Coral Gables, Florida 33146
Tel: 305.883.5568
Fax: 305.883.2905

November 7, 2007

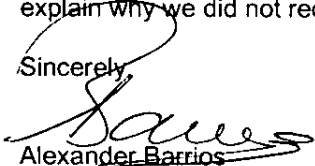
Department of State
Div. of Corporations
Tallahassee, FL 32314

Re: Aim Ventures LLC Renewal

This letter is being sent as confirmation that the corporation called Aim Ventures, Inc. whose document number is P02000111481, will not be reinstated. Enclosed you will find the reinstatement application for Aim Ventures, LLC along with the requested payment of \$250.00.

Please note that our correct current address is the one found in the reinstatement which could explain why we did not receive past renewal notices.

Sincerely,



Alexander Barrios
President of Aim Ventures, INC.
Manager of Aim Ventures, LLC