FROM :LAZARUS FAX NO. :3052201449 Sep. 26 2007 01:01PM P1

L0400062109

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 OCT -2 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000062109

1. Limited Liability Company's Name

Davie Boulevard Gas LLC

07

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1260 NW 74 ST.	1260 NW 74 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33147 Country: Miami Dade	Zip: 33147 Country: Miami Dade

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 202046627 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Martha Ayala

Street Address (P.O. Box Number is Not Acceptable): 1260 NW 74 ST BK

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33147

☒ 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] Date: 09/26/07

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	Ayala, Martha	1260 NW 74 ST	Miami Fl. 33147
MGRM	Gonzalez, Ruben	1260 NW 74 ST	Miami. Fl. 33147
MGRM	Arif, Mohamed	1260 NW 74 ST	Miami, FL 33147

REINSTATEMENT 2007

S00110517155
10/09/07--01015--002 **50.00

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: [signature] Date: 09/26/07 Daytime Phone #: 786 autre 3363

Typed or printed name of signing Managing Member/Manager: