PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 18 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L04000070763

1. Limited Liability Company's Name

VVG Investments, LLC

2. Principal Office Address	**3.** Mailing Office Address
6320 SW 108	6320 SW 108 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: miami FL
Zip: 33173 Country: U.S.	Zip: 33173 Country: U.S.

4. State/Country of Formation: Florida U.S.

5. Date Organized or Qualified To Do Business in Florida: 03-04-03

6. FEI Number: 01-0807940 ☒ 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: Guillermo Valon

Street Address (P.O. Box Number is Not Acceptable): 6320 SW 108 PL

Suite, Apt. #, Etc.:

City: miami State: FL Zip Code: 33173

100050784471
10/19/05--01071--006 **50.00

100050784471
10/19/05--01071--007 **50.00

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 10-17-2005

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
Managing Member	Guillermo Valon	6320 SW 108 PL	miami FL 33173

100050784471
10/19/05--01071--008 **50.00

REINSTATEMENT 2005

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 10-17-2005 Daytime Phone # (305) 742-1487

Typed or printed name of signing Managing Member/Manager Guillermo Valon