PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 29 AM 10:24

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L05000001090

1. Limited Liability Company's Name

SILVER SEAS INVESTMENTS LLC

2. Principal Office Address	3. Mailing Office Address
18001 COLLINS AVE	18001 COLLINS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 1111	STE 1111
City & State	City & State
SUNNY ISLES, FL	SUNNY ISLES, FL.
Zip / Country	Zip / Country
33160 / USA	33160 / USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/04/2005

6. FEI Number: 20-2110457 ☐ 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: MAURICIO IBANEZ MARTINEZ APARICIO

Street Address (P.O. Box Number is Not Acceptable): 18001 COLLINS AVENUE

Suite, Apt. #, Etc.: 1111

City: SUNNY ISLES | State: FL | Zip Code: 33160

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 7 Nov '06

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
MEMBER	MAURICIO IBANEZ MARTINEZ APARICIO	18001 COLLINS AVE STE 1111	SUNNY ISLES, FL 33160

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REINSTATEMENT 2006

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 7 Nov '06 Daytime Phone # 786-263-2444

Typed or printed name of signing Managing Member/Manager MAURICIO IBANEZ MARTINEZ APARICIO