PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 23 PM 4:14

DOCUMENT # L05000005825

800161984938
10/21/09--01003--011 **300.00

CR2E041 (10/08)

1. Limited Liability Company's Name

MSA INVESTMENTS L.L.C.

BK
08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2665 SOUTH BAYSHORE DR.	2665 SOUTH BAYSHORE DR.
Suite, Apt. #, etc.: SUITE 906	Suite, Apt. #, etc.: SUITE 906
City & State: COCONUT GROVE FL	City & State: COCONUT GROVE FL
Zip: 33133 / Country: USA	Zip: 33133 / Country: USA

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: 01/19/2005

6. FEI Number: 202845717 ☐ 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: JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable): 2665 SOUTH BAYSHORE DR.

Suite, Apt. #, Etc.: SUITE 906

City: COCONUT GROVE FL | State: FL | Zip Code: 33133

BK

☑ 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 _____ Date 10-15-09

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	MARIA ALBARRACIN	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133
MGRM	LUIS ALBARRACIN	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133

REINSTATEMENT 2008-2009

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 10/15/09 Daytime Phone # 305-279-4101

Typed or printed name of signing Managing Member/Manager MARIA ALBARRACIN

L05000005825

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 23 PM 4:14

October 15, 2009

Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: MSA INVESTMENTS L.L.C. (L05000005825)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for MSA INVESTMENTS L.L.C. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2008 or 2009. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2008 & 2009.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

JORGE L. GURIAN

MARIA ALBARRACIN

Enclosure