

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:34

DOCUMENT # L05000018014

1. Limited Liability Company's Name

FREDE, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 21055 YACHT CLUB DR.		3. Mailing Office Address 132 MINORCA AVENUE	
Suite, Apt. #, etc. SUITE #1208		Suite, Apt. #, etc.	
City & State AVENTURA, FLORIDA		City & State CORAL GABLES, FL	
Zip 33180	Country USA	Zip 33134	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 2/22/05	
6. FEI Number 74-3142097	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$600 Additional Fee required for Certificate of Status	

8. Name and Address of Current Registered Agent			
Name FERNANDO ORTIZ			
Street Address (P.O. Box Number is Not Acceptable) 132 MINORCA AVENUE			
Suite, Apt. #, Etc.			
City CORAL GABLES	State FL	Zip Code 33134	

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: Fernando Ortiz Date: 2/2/07

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	JACOBO TROICE	21055 YACHT CLUB DR.	AVENTURA, FL 33180
			210088881839 02/21/07--01017--020 **100.00

REINSTATEMENT 06-07

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 608.408, 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: 2-2-2007 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____