

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000019626

Entity Name: FINA INVESTMENTS, LLC

FILED  
Oct 27, 2009  
Secretary of State

## Current Principal Place of Business:

31 ISLAND DR  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

703 CRANDON BLVD  
PH 4  
KEY BISCAYNE, FL 33149

## Current Mailing Address:

31 ISLAND DR  
KEY BISCAYNE, FL 33149

## New Mailing Address:

703 CRANDON BLVD  
PH 4  
KEY BISCAYNE, FL 33149

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ORTIZ, ALEX  
354 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO JIMENEZ

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MORENO, JOSEFA  
Address: 354 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: JIMENEZ, ALEJANDRO  
Address: 354 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEJANDRO JIMENEZ

MGMR

10/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date