

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300134326273  
08/11/08--01049--003 \*\*\$16.25

CR2E041 (12/07)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L05000022718**

1. Limited Liability Company's Name

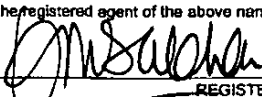
**VAZQUEZ PROMOCION, LLC**

<b>2. Principal Office Address - No P O Box #</b> 1001 Brickell Bay Dr Suite Apt # etc 9th Floor City & State Miami, FL Zip 33131		<b>3. Mailing Office Address</b> 1001 Brickell Bay Dr Suite Apt # etc 9th Floor City & State Miami, FL Zip 33131	
Country USA		Country USA	

<b>4. State/Country of Formation</b> Florida, USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> March 07, 2005	
<b>6. FEI Number</b> 20-2462029	Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

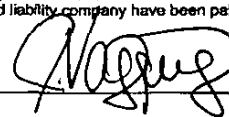
<b>8. Name and Address of Current Registered Agent</b>			
Name Kashyap Bakhai, CPA, ABV			
Street Address (P O Box Number is Not Acceptable) 1001 Brickell Bay Dr			
Suite, Apt # Etc 9th Floor			
City Miami	State FL	Zip Code 33131	

☐ 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.

<b>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.</b>	
Signature of Registered Agent 	Date 8/4/08
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAVIER VAZQUEZ	1001 Brickell Bay Dr, 9th Floor	Miami, FL 33131

REINSTATEMENT 06-08

<b>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.</b>		
Signature of Managing Member/Manager 	Date 8-4-08	Daytime Phone #
Typed or printed name of signing Managing Member/Manager		