

L05000031235

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
10 FEB - 4 PM 2:14

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000031235

1. Limited Liability Company's Name

GULF COAST 9TH & 9TH VENTURES LLC

07

500167979095
02/04/10--01002--025 **555.00

CR2E041 (11/08)

2. Principal Office Address - No P.O. Box # 4970 SW 72nd AVE Suite, Apt. #, etc. SUITE 102 City & State MIAMI, FLORIDA Zip 33155		3. Mailing Office Address 4970 SW 72nd AVE Suite, Apt. #, etc. SUITE 102 City & State MIAMI, FLORIDA Zip 33155	
Country USA	Country USA	Country USA	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/30/2005	
6. FEI Number	☒ Applied For ☐ Not Applicable

8. Name and Address of Current Registered Agent

Name
EDUARDO GOUDIE

Street Address (P.O. Box Number is Not Acceptable)
4970 SW 72nd AVE

Suite, Apt. #, Etc.
SUITE 102

City
MIAMI

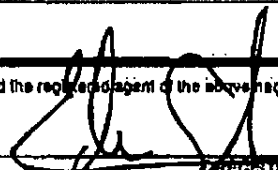
State
FL

Zip Code
33155

7. CERTIFICATE OF STATUS DESIRED ☒ 1502 notice and fee must be paid to the Division of Corporations

☒ 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 2/1/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Aldo X. Borges de Prati	4970 SW 72nd Ave, STE 102	Miami, FL 33155

REINSTATEMENT 2007-2010

11. E-mail Address: _____

(To be used for future annual report notifications)

12. 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 01/27/10 Daytime Phone # (305) 663-1122

Typed or printed name of signing Managing Member/Manager