PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 09 JUN 10 PM 3: 15 LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L05000033519 1. Limited Liability Company's Name TIGER VI INVESTMENTS, LLC CR2E041 (12/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4780 Davie Rd. 4780 Davie Rd. 4. State/Country of Formation **FLORIDA** Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified
To Do Business in Florida 04/06/2005 Suite 101 Svite 101 City & State City & State 6. FEI Number Applied For Davie, FL Davie, FL 13-4296880 Not Applicable Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 33314 33314 for a Certificate of Status 8. Name and Address of Current Registered Agent Name ✓ A \$100 reinstatement fee is imposed, except SPIEGEL & UTRERA, P.A. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 1840 Southwest 22nd Street box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 4th Floor reinstatement be waived. City State Zip Code 33145 Miami 9. I, being appointed the registered appnt of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. SPIEGEL Date b - 9 - 09Signature of Registered Agent By: GENT MUST SIGN Natalia Utrera, Vice President 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip 4780 Davie Rd, Ste 101 Davie, FL 33314 MGR Garcia, Reynaldo A. 4780 Davie RD, ste 101 Davie, FL 33314 MGR Garcia, Alejandro M. 4780 Davie Rd., Ste 101 Davie, FL 33314 4780 Davie Rd., Ste 101 Davie, FL 33314 S Garcia, Reynaldo T Garcia, Piedad Z00. 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.

Alejandro M. Garcia

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

Date 63 09 Daytime Phone #305-772-5978