2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000037737

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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() Delete

Entity Name: BFGP INGENIEROS, LLC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17190 ARVIDA PARKWAY 4109 CARRIAGE DR. WINDMILL CENTER SUITE 2 #L3 WESTON, FL 33326 POMPANO BEACH, FL 33069 US **Current Mailing Address: New Mailing Address:** 17190 ARVIDA PARKWAY 4109 CARRIAGE DR. WINDMILL CENTER SUITE 2 # L3 WESTON, FL 33326 POMPANO BEACH, FL 33069 US FEI Number: 20-2878504 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: FERNANDEZ, HELY PADUA, JOSE E 17190 ARVIDÁ PARKWAY 4109 CARRIAGE DR. #L3 WINDMILL CENTER SUITE 2 WESTON, FL 33326 US POMPANO BEACH, FL 33069 US 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: JOSE E. PADUA 01/13/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition PADUA, JOSE PADUA, JOSE Name: Name: 17190 ARVIDA PKWY, WINDMILL CENTER SUITE 2 Address: 4109 CARRIAGE DR. # L3 Address: City-St-Zip: WESTON, FL 33326 US City-St-Zip: POMPANO BEACH, FL 33069 US Title: Title: (X) Change () Addition () Delete PERKINSON, CARLOS Name: PERKINSON, CARLOS Name: 17190 ARVID PKWY, WINDMILL CENTER SUITE 2 Address: Address: 4109 CARRIAGE DR. # L3 City-St-Zip: WESTON, FL 33326 US City-St-Zip: POMPANO BEACH, FL 33069 US Title: () Delete Title: DR. (X) Change () Addition BRATT, JONATHAN Name: BRATT, JONATHAN Name: 17190 ARVID PKWY, WINDMILL CENTER SUITE 2 Address: Address: 4109 CARRIAGE DR. # L3 City-St-Zip: WESTON, FL 33326 US City-St-Zip: POMPANO BEACH, FL 33069 US

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DR

PADUA, JOSE J

PADUA, DANIELA

4109 CARRIAGE DR. # L3

4109 CARRIAGE DR. # L3

POMPANO BEACH, FL 33069 US

POMPANO BEACH, FL 33069 US

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SIGNATURE: JOSE E PADUA DR. 01/13/2009