PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 23 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000040170

1. Limited Liability Company's Name

FAMEX, LLC

W10-28037

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2333 Brickell Ave.	2333 Brickell Ave.
Suite, Apt #, etc.: Suite A-1	Suite, Apt. #, etc: Suite A-1
City & State: Miami, FL	City & State: Miami, FL
Zip: 33129 Country: USA	Zip: 33129 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/22/2005

6. FEI Number: 20-2825813 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Gustavo J. Garcia-Montes

Street Address (P O. Box Number is Not Acceptable): 2333 Brickell Ave.

Suite, Apt #, Etc: Suite A-1

City: Miami State: FL Zip Code: 33129

700181779267
06/07/10--01067--013 **793.75

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 06/01/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGM	Juan Jose Salinas	2333 Brickell Ave. Suite A-1	Miami, FL 33129
Member	MARISOL SALINAS	2333 Brickell Ave. Suite A-1	Miami, FL 33129
	L. SELLERS		
	JUN 24 2010		
	EXAMINER	REINSTATEMENT	

11. E-mail Address: ggm@agmlawgroup.com
(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 6/2/2010 Daytime Phone # 305 666 2880

Typed or printed name of signing Managing Member/Manager Juan Jose Salinas