

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 AUG -4 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200159190022
08/03/09--01005--018 **238.75
CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.05000049489

1. Limited Liability Company's Name

ISACA INVESTMENT GROUP, L.L.C.

2. Principal Office Address - No P.O. Box #

1200 BRICKELL AVENUE

Suite, Apt. #, etc.

MIAMI

City & State

FL

Zip

33131

Country

EEUU

3. Mailing Office Address

1200 BRICKELL AVENUE

Suite, Apt. #, etc.

FL 33131

City & State

MIAMI

Zip

33131

Country

EEUU

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/15/06

6. FEI Number

☐ 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

JOSE C. MARRERO, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1200 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE # 505

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.

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

REGISTERED AGENT MUST SIGN

Date

07/29/09

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
MGRM	RAFAEL ISAVA	1200 BRICKELL AVENUE SUITE 505	MIAMI FL 33131
MGRM	ALEJANDRO ISAVA	1200 BRICKELL AVENUE SUITE 505	MIAMI FL 33131

REINSTATEMENT-06-09

700155982077
5114109 01013
010
\$416.25

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.

Signature of
Managing Member/Manager

Date

07/28/09

Daytime Phone #

305-992-1927

Typed or printed name of signing Managing Member/Manager