PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 28 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # l05000051405

CR2E041 (1/07)

1. Limited Liability Company's Name

Sieckel LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
445 SW 11 St		445 SW 11St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#305		#305	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33130	USA	33130	USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida 5/18/2005

6. FEI Number
20-2838850
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
Adrian Sieckel

Street Address (P.O. Box Number is Not Acceptable)
445 SW 11st.

Suite, Apt. #, Etc.
#305

City: Miami, Florida | State: FL | Zip Code: 33130

☑ 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 Dec 17 2007

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
mgrm	Adrian Sieckel	445 SW 11st, #305	Miami, Florida 33130

100113435961
12/27/07--01029--003 **205.00

Natalia M. Arguelles
My Commission DD273744
Expires January 20, 2008

REINSTATEMENT

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 12/17/2007 Daytime Phone # 305 491 1459

Typed or printed name of signing Managing Member/Manager Adrian Sieckel