

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY 17 PM 1:40

DOCUMENT # L05000069574

1. Limited Liability Company's Name

INCA INVESTMENTS, LLC

000235191190
05/16/12--01020--005 **1101.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
2605 N.W. 75 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

3. Mailing Office Address

2605 N.W. 75 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/14/2005

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
NRAI Services, Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

filings@delawareinc.com

(To be used for future annual report notices)

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

Asst. Sec. - NRAI Services, Inc. Date **4/11/2012**

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
MGR	Andres Cardenas Monge	Plaza Guillermo Reiss 32-17	Quito, Ecuador

REINSTATEMENT 2006-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **4/10/2012** Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Andres Cardenas Monge**

MAY 18 2012

T. HAMPTON



HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HWY

LEWES, DELAWARE 19958-9776

Toll Free: (800) 345-2677 Direct: (302) 644-6263

Fax: (302) 269-3954

www.delawareinc.com

May 15, 2012

**Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

To Whom It May Concern:

Kindly find enclosed for filing the completed **LLC Reinstatement for INCA INVESTMENTS, LLC**, and the Articles of Amendment to change the name of the LLC because the original name is no longer available. Included is a check in the amount of \$1101.25 for the Reinstatement fee of \$1071.25, the Amendment filing fee of \$25, and a Certificate of Status for \$5. Once completed, kindly return the acknowledgement letter back to the fax number listed above or to the following address:

Attn: Paul Sponaugle
Harvard Business Services, Inc.
16192 Coastal Hwy
Lewes, DE 19958

Please feel free to contact me if there are any problems. Thank you for your assistance!

Sincerely,

Paul Sponaugle
Corporate Filing Specialist

paul@delawareinc.com