## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # L05000076556  1. Limited Liability Company's Name		07 OCT 23 PM 3: 37  SECRETARY OF STATE TALLAMASSEE FLORIDA			
Sole Ecuador, LLC			100111211581 10/23/0701040004 **100.00		
2. Principal Office Address - No P.O. Bgx # 3. Mailing Office Address			CR2E041 (1/07)		
9737NW41St.	737NW41 St. 12520 NW 26 St.		4. State/Country of Formation		
Suite, Apt. #, etc. # 615	FloRida U.S.  5. Date Organized or Qualified				
City à State — D	City & State	To Do Business in Florida 08/03/05 <b>6.</b> FEI Number Applied For			
Miami H.	DORA/ Country	55-0903240 Not Applicable			
$\begin{bmatrix} 2 & Country \\ 33178 & U.S. \end{bmatrix}$	33172 V.S.	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent					
Name Cabanas Sa Associates, P.A.			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		
Street Address (P.O. Box Number is Not Acceptable) 10.520 NW 26 St STe. C201					
Suite, Apt. #, Etc.					
City Do Ra State Zip Code FL 33/72		reinstatement be waived.			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the congations of the habite 606, #.S					
Signature of Registered Agent Agent Agent MUST SIGN F. Cabana S, Date Oct. 16/07					
10. Names and Street addresses of Managing Mer					
Titles Name of Managing Members/Manag	Street Address of Eac				
MGRM Massoh Jose G. 105.56 NW 26 H.		- DIOI DORAL Fl. 33172			
NGRM Massuh Maritza 10556 NW 26 St. DIOI DORAL Fl. 33172					
MGAM Leon ByRon [	). 10556 NW 26 A	D101	DoRal, El.	3317Q	
MGAM Salvador, Patr	Ricio 10556 NW 26St	-D101	DoRal, Fl.	33172	
MGAM Santos Juan	C. 10556 NW 26 At.	- D101	Doral Fl.	33172	
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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 turther 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 fiability 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 Manager					
Typed or printed name of signing Managing Member/Manager MariTza Massuh					