

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 APR -5 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000093709

1. Limited Liability Company's Name

SNAPPER INVESTMENTS, L.L.C.

700174286197  
04/02/10--01032--005 \*\*\$55.00

CR2E041 (11/09)

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

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

725

City & State

MIAMI FL

Zip

33131

Country

US

3. Mailing Office Address

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

725

City & State

MIAMI FL

Zip

33131

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified  
To Do Business in Florida

9/23/2005

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

MET 21 GROUP L.L.C.

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

1000 BRICKELL AVENUE

Suite, Apt. #, Etc.

725

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 3-28-2010

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
<u>M6RM</u>	<u>JOSE IGNACIO VADILLO</u>	<u>1000 BRICKELL AVENUE #725</u>	<u>MIAMI FL 33131</u>

**REINSTATEMENT-07-10**

11. E-mail Address: info@met21group.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

JOSE IGNACIO VADILLO

Date 3-28-2010

Daytime Phone # 305-358-1440

Typed or printed name of signing Managing Member/Manager

*C.L.*