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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # L05000097010															
1. Limited Liability Company's Name MASTERTEK L.L.C.															
2. Principal Office Address - Not P.O. Box # 6101 Blue Lagoon Drive Suite, Apt. #, etc. 150 City & State MIAMI Zip 33126 Country USA		3. Mailing Office Address 6101 Blue Lagoon Drive Suite, Apt. #, etc. 150 City & State MIAMI Zip 33126 Country USA													
4. State/Country of Formation FLORIDA		5. Date of Incorporation or Organization To Do Business in Florida 09/26/2005													
6. FEI Number 550806787		7. CERTIFICATE OF STATUS DERIVED ☐ 5500 Additional Fee for Fee for a Certificate of Status													
8. Name and Address of Current Registered Agent Name GUSTAVO LOPEZ Street Address (P.O. Box Number is Not Acceptable) 6101 Blue Lagoon Drive Suite, Apt. #, etc. 150 City MIAMI State FL Zip Code 33126															
9. I, being appointed the registered agent of the above named limited liability company, do hereby acknowledge and accept the obligations of Chapter 60A, F.S. Signature of Registered Agent <i>Gustavo Lopez</i> Date 10/06/2008															
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>GUSTAVO LOPEZ</td> <td>6101 Blue Lagoon Drive, Suite 150</td> <td>MIAMI, FLORIDA 33126</td> </tr> <tr> <td>SMGR</td> <td>SANTIAGO OLMEDA</td> <td>6101 Blue Lagoon Drive, Suite 150</td> <td>MIAMI, FLORIDA 33126</td> </tr> </tbody> </table>				Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip	MGRM	GUSTAVO LOPEZ	6101 Blue Lagoon Drive, Suite 150	MIAMI, FLORIDA 33126	SMGR	SANTIAGO OLMEDA	6101 Blue Lagoon Drive, Suite 150	MIAMI, FLORIDA 33126
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SMGR	SANTIAGO OLMEDA	6101 Blue Lagoon Drive, Suite 150	MIAMI, FLORIDA 33126												
REINSTATEMENT 07-08															
11. I certify that I am managing member/manager of the receiver or liquidator empowered to reinstate this application as provided for in Chapter 60A, F.S. I further certify that when this reinstatement application is received the information has been determined to be correct and that the limited liability company complies with the requirements of section 606.005, F.S., and that all fees owed by this limited liability company have been paid. The information provided 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 <i>Gustavo Lopez</i> Date 10/06/2008 Print the Name of Managing Member/Manager GUSTAVO LOPEZ															

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Florida Department of State
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