PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 FEB -2 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300167769133
02/02/10--01013--018 **693.75

CR2E041 (11/09)

DOCUMENT # L05000101256

1. Limited Liability Company's Name

Davilate LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1111 Brickell Ave	1111 Brickell Ave
Suite, Apt. #, etc.: 30TH Floor	Suite, Apt. #, etc.: 30th Floor
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: Oct 14, 2005

6. FEI Number: 265-68-7836 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Luis Roberto Davila

Street Address (P.O. Box Number is Not Acceptable): 1111 Brickell Ave

Suite, Apt. #, Etc.: 30th Floor

City: Miami State: FL Zip Code: 333131

☑ 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: Jan 30, 2010

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	Luis Roberto Davila	1111 Brickell Ave, 30 FL	Miami, FL 333131

REINSTATEMENT 06-10 AL

11. E-mail Address: roberto@davilae.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 608.408, 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: 1/30/2010 Daytime Phone #: (954)566-7225

Typed or printed name of signing Managing Member/Manager: Luis Roberto Davila