PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

15 APR 27 AM 8:38

LIMITED LIABILITY COMPANY REINSTATEMENT
2006 - 2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000101934

1. Limited Liability Company's Name
BRISTOL 1501, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1224 Asturia Ave	1224 Asturia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/14/2005

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

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8. Name and Address of Current Registered Agent

Name: Isabella Ortega

Street Address (P.O. Box Number is Not Acceptable) Suite,
1224 Asturia Ave

Apt. #, Etc.

City: Coral Gables | State: FL | Zip Code: 33134

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 04/24/15
REGISTERED AGENT MUST SIGN

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10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Fabian Ortega	1224 Asturia Ave	Coral Gables, FL 33134
MGR	Isabella Ortega	1224 Asturia Ave	Coral Gables, FL 33134

11. E-mail Address: isabella.ort@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 04/24/15 Daytime Phone # 786-473-4545

Typed or printed name of signing authorized representative/member Fabian Ortega, Manager

K. ASHTON