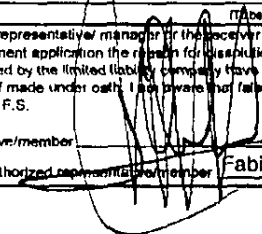


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 15 3:27 31 0:38

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			
2. Principal Office Address - No P.O. Box # 1224 Asturia Ave Suite, Apt. #, etc.		3. Mailing Office Address 1224 Asturia Ave 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 ☒			
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			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	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			
12. I certify that I am an authorized representative/manager for 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 Time Phone # 786-473-4545 Typed or printed name of signing authorized representative/member Fabian Ortega, Manager			

K. ASHTON