## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L05000102482** 1. Entity Name 06 DEC -7 AM 8: 13 UV 2000, LLC Principal Place of Business Mailing Address 2315 N.W. 107 AVENUE 2315 N.W. 107 AVENUE SUITE 1M13 SUITE 1M13 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business Mailing Address 7086 NW 109 Ct 7086 NW 109 Suite, Apt. #, etc. Suite, Apt. #, etc. 1292006 REIN-LLC CR2E101 (11/05) Applied For City\_& State City & State 4. FEI Number 2*0-3648739* 1) o Ra Do Ra Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Miami Dade 33178 Miami 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sequira SEGURA, VICTOR E MR. Street Address (P.O. Box Number is Not Acceptable) 2315 N.W. 107 AVENUE SUITE 1M13 MIAMI, FL 33172 City Zip Code 33/3/ 8. The above named entity submits this state purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE \_\_\_\_\_\_\_\_Signature, typed or print (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 Florida-Department-of-State After January 1, 2007, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM MGRM TITLE □ Delete TITLE X Change ☐ Addition VICTOR E segura, SEGURA, VICTOR E MR. NAME NAME 2315 N.W. 107 AVENUE, STE 1M13 STREET ADDRESS STREET ADDRESS 7086 NW MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP DoRal MGRM **MGRM** ☐ Delete TITLE ☐ €hange TITLE Romero de Segura, Uraima ROMERO DE SEGURA, URAIMA MRS. NAME NAME NW. STREET ADDRESS 2315 N.W. 107 AVENUE, STE 1M13 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME **900082369209** 2/07/06--01052--001 \*\*\*50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*50.00 Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receive or trustee expowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILEU

VICTOR E. SEGURA, MGRM