

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000110669

Entity Name: HEMISPHERE INVESTMENTS LLC

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

2310 OKEECHOBEE ROAD  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

1321 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

7550 SW 60 STREET  
MIAMI, FL 33143

FEI Number: 20-4514824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ESTRELLA AND DIAZ-LEYVA PA  
1321 ALTON ROAD  
MIAMI BEACH, FL 33139      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICOLAS ESTRELLA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VICENT, JAIME  
Address: 2310 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGRM ( ) Delete  
Name: FERNANDEZ, FRANCISCO  
Address: 2310 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34982 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANCISCO FERNANDEZ

MR.

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date