PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB -3 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000117596

1. Limited Liability Company's Name

PARC CENTRAL INVESTMENTS, LLC

REINSTATEMENT

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
3300 NE 191 ST.		3300 NE 191 ST/	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PH 9		PH 9	
City & State		City & State	
AVENTURA, FL		AVENTURA, FL	
Zip	Country	Zip	Country
33180	MIAMI DADE	33180	MIAMI DADE

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 12/08/05

6. FEI Number
51-0584610
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JOSEPH F. CABANAS C/O CABANAS & ASSOCIATES, P.A

Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26TH STREET

Suite, Apt. #, Etc.
C 201

City	State	Zip Code
DORAL	FL	33172

☑ 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. 23, 2009
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	FERMI, FABIO ALBERTO	3300 NE 191 ST. - PH 9	AVENTURA, FL. 33180
MGR	FERMI, HENRY VLADIMIR	3300 NE 191 ST. - PH 9	AVENTURA, FL. 33180
MGR	FERMI, MONICA PATRICIA	3300 NE 191 ST. - PH 9	AVENTURA, FL. 33180

L. SELLERS
FEB - 4 2009
EXAMINER

000142710430
02/03/09--01013--007 **555.00

11. 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 608.406, 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 Jan. 23/09 Daytime Phone # (305) 513 3639

Typed or printed name of signing Managing Member/Manager MONICA P. FERMI