

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:22

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000121710

1. Limited Liability Company's Name

Ashley Glen Holdings, LLC

CR2E041 (8/05)

2. Principal Office Address

8603 S. Dixie Hwy.

Suite, Apt. #, etc.

208

City & State

Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

8603 S. Dixie Hwy.

Suite, Apt. #, etc.

208

City & State

Miami, FL

Zip

33143

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/21/2005

6. FEI Number

20-3986667

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

Luis Espino

Street Address (P.O. Box Number is Not Acceptable)

806 Douglas Road

Suite, Apt. #, Etc.

580

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 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-15-07

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	Genaro Garcia R	8603 S. Dixie Hwy., # 208	Miami, FL 33143
MGR	Fernando Espino	8609 SW 6th Court # 6	Miami, FL 33156
MGR	Alejandro Sanchez	9350 S. Dixie Hwy., #1480	Miami, FL 33156

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 1/10/2006

Daytime Phone # (305) 663-8999

Typed or printed name of signing Managing Member/Manager

Genaro Garcia R