

04/26/2010 17:02

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ALONSO & GARCIA

PAGE 01
Page 1 of 1

L06000005548

Florida Department of State
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From: Account Name : ALONSO & GARCIA, P.A.
Account Number : I20020000031
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**LIMITED LIABILITY REINSTATEMENT
MUVAL INVERSIONES LLC**

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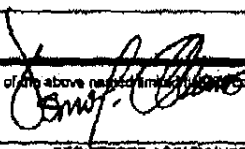
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000005548 1. Limited Liability Company's Name MUVAL INVERSIONES LLC			
2. Principal Office Address - No P.O. Box # TRANSVERSAL 3 # 83-11 Suite, Apt. #, etc. AP. 502 T3 City & State BOGOTA, CUNDINAMARCA Zip Country 00000 COLOMBIA		3. Mailing Office Address 5805 BLUE LAGOON DR Suite, Apt. #, etc. STE 200 City & State MIAMI, FL Zip Country 33126 USA	
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 01/17/2005	
6. FEI Number 90-0320354		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$500 added for each copy of Status		8. Name and Address of Current Registered Agent Name AG CORPORATE SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 5805 BLUE LAGOON DR Suite, Apt. #, Etc. STE 200 City MIAMI State Zip Code FL 33126	
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 04/19/2010 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Type	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ANNE MARIE MURRE	TRANSVERSAL 3 # 83-11 AP. 502 T3	BOGOTA, COLOMBIA
MGRM	PABLO VALLEJO	TRANSVERSAL 3 # 83-11 AP. 502 T3	BOGOTA, COLOMBIA
REINSTATEMENT 08-10			
11. E-mail Address: BEATRIZ@ALONSO-GARCIA.COM			
12. 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 disqualification has been eliminated, the limited liability company name satisfies the requirements of section 608.401, 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 04/19/2010 Daytime Phone # 305-448-8898 Typed or printed name of signing Managing Member/Manager ANNE MARIE MURRE			