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Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6383

From:
Account Name : ALONSO & GARCIA, P.A.
Account Number : I20020000031
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Email Address: beatriz@alonsogarcia.com

LIMITED LIABILITY REINSTATEMENT
MUVAL INVERSIONES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

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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

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
TRANSVERSAL 3 # 83-11	5805 BLUE LAGOON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
AP. 502 T3	STE 200
City & State	City & State
BOGOTA, CUNDINAMARCA	MIAMI, FL
Zip / Country	Zip / Country
00000 / COLOMBIA	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 ☐ $5.00 (Not Required for Certified Copy)

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: FL | Zip Code: 33126

☑ 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: 04/19/2010

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
MGRM	ANNE MARIE MURRLE	TRANVERSAL 3 # 83-11 AP.502 T3	BOGOTA, COLOMBIA
MGRM	PABLO VALLEJO	TRANVERSAL 3 # 83-11 AP.502 T3	BOGOTA, COLOMBIA

REINSTATEMENT 08-10

11. E-mail Address: BEATRIZ@ALONSO-GARCIA.COM
To be used for annual report notification

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 dissolution has been eliminated, the limited liability company owes satisfies the requirements of section 608.4051, 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-[illegible]898

Typed or printed name of signing Managing Member/Manager: ANNE MARIE MURRLE

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