

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 DEC 15 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L06000072321**

1. Limited Liability Company's Name

**FARO INVESTMENT GROUP, L.L.C.**

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

**2250 NW 136TH AVENUE**

Suite, Apt. #, etc.

3. Mailing Office Address

**2250 NW 136TH AVENUE**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FL**

City & State

**PEMBROKE PINES, FL**

Zip

**33028**

Country

**USA**

Zip

**33028**

Country

**USA**

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**07/20/2006**

6. FEI Number

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

**JOSE GREGORIO TOVAR**

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

**2250 NW 136TH AVENUE**

Suite, Apt. #, Etc.

City

**PEMBROKE PINES**

State

**FL**

Zip Code

**33028**

☒ 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

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	AZUAJE, ROBERTO	1820 NORTH CORPORATE LAKES BL	WESTON, FL 33326
MGR	RODRIGUEZ DE AZUAJE, MARINA	1820 NORTH CORPORATE LAKES BL	WESTON, FL 33326
	<b>L. SELLERS</b>		
	DEC 17 2008		000139024810 12/15/08--01060--011 **377.50
	<b>EXAMINER</b>	<b>REINSTATEMENT</b>	2007-2008

11. I certify that I am managing member/manager of 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager