PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	S(DIVIS	DEPARTME ecretary of S		-	FILED 10 APR - 2 PM 2: 43
DOCUMENT # LOGOCOTG 97 1. Limited Liability Company's Name			SECRETARY OF STATE TALL AHASSEE, FLORIDA		
SOUTH RELL OVERSEAS, L.L.C.					
				900174286099 04/02/1001032004 **655.00 CR2604 (1709)	
2. Principal Office Address - No P.O. Box#	Office Address			,	
		BRICHELL AVENUE		4. State/Cour	ntry of Formation
Suite, Apt. #, etc. Suite. Apt. #,				5 Date Orner	nized or Qualified
725 725 City & State City & State					iness in Florida 8/3/2006
		ami FL		6. FEI Number Applied For Not Applicable	
21p Country 330131 US	Zip ろろ13	Cou	ntry US	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fed required for a Certificate of Status	
8. Name and Address of	f Current Registe	ered Agent			
Name MET 21 GROUP, L Street Address (P.O. Box Number is Not Acceptable			☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
1000 BRICKELL AVENUE					e the prior notices. By checking this out are certifying the prior notices were
Suite, Apt. #, Etc.				not received and requesting the \$100	
T25 City MIAM	State Zip Code FL 33131		tement 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 3-28 - 2010					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Manag		Street Address of Each Managing Member/Manager			City / Starte / Zip
MGRM JOGE IGNACIO VADILLO		1000 BRICKELL AVE #725		VE #725	MIAMI /FL /33131
					JB
	REINSTATEMENT 2007-10				
11. E-mail Address: INFO (4) MET216200P. (OV)					
(To be used for fivure annual report notifications). 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 filling 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 heve 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 Manager JESE 16 NA CIO VADILLO Date 3/28/2010 Daytime Phone # 305-358-1440					
Typed or printed name of signing Managing Member/Manager					