PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE FILED **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 11 NOV 29 PH 5 18 DOCUMENT # L06000104231 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Limited Liability Company's Name Tecobar Investment LLC CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 14891 SW 42 TERRACE CALLE 37 ENTRE 26 Y 27 4. State/Country of Formation **FLORIDA** Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 11/15/2011 City & State City & State 6. FEI Number Applied For MIAMI BARQUISIMETO, ESTADO LARA 26-2224701 Not Applicable Zin Country Zip Country \$5.00 Additional Fee required for a Certificate of Status FL 3001 CERTIFICATE OF STATUS DESIRED | US VENEZUELA Name and Address of Current Registered Agent E-mail Address: LUIS MEDINA 1002146650216⁶/_{11/28/11--01060--007} ***316.25 Street Address (P.O. Box Number is Not Acceptable) 13780 SW 56 STREET Suite, Apt. #, Etc. 222 TECOBAR.CA@HOTMAIL.COM Zip Code (To be used for future annual report notices) MIAM 33175 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 11/14/11 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip MRGM JOSE M DA SILVA RODRIGUEZ CALLE 37, ENTRE 26 Y 27 BARQUISIMETO, ESTADO LARA, VENEZUELA 3001 REINSTATEME L. SELLERS DEC = 1 2011 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 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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager

Typed or printed name of signing Manading Mer

er/Manager