PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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1. Limited Liability Company's Name

Pompeyo Investments LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6773 NW 109 Ave.	6773 NW 109 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33178 Country: U.S.A.	Zip: 33178 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 12/18/2006

6. FEI Number: 26-3424652 ☐ 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: Pompeyo De Falco

Street Address (P.O. Box Number is Not Acceptable): 6773 NW 109 AVENUE

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33178

☐ 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: _____ (REGISTERED AGENT MUST SIGN) Date: 09/24/2008

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	Pompeyo De Falco	6773 NW 109 AVENUE	Miami FL 33178

REINSTATEMENT 07-08

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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: 09/24/2008 Daytime Phone #: 305/878 4621

Typed or printed name of signing Managing Member/Manager: Pompeyo De Falco

B. Tadlock SEP 29 2008

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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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