PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 AUG -5 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/04/10--01032--006 **516.25

CR2E041 (05/10)

DOCUMENT # L07000004760

1. Limited Liability Company's Name

1503 Mosaic Investments, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
848 Brickell Drive		848 Brickell Drive	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
2805		2805	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	US	33131	US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/12/2007

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: Sebastian Jaramillo, Esq.

Street Address (P.O. Box Number is Not Acceptable): 66 W. Flagler Street

Suite, Apt. #, Etc.: 500

City	State	Zip Code
Miami	FL	33130

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 08/02/2010

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
MGR	Jose Benito Lacruz Jerez	848 Brickell Drive #2805	Miami, FL 33131
MGR	Sebastian Jaramillo	66 W. Flagler Street Suite 500	Miami, FL 33130
		REINSTATEMENT	08-10

11. E-mail Address: sebastian@miamidebtlaw.com
(To be used for future 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 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 08/02/2010 Daytime Phone # 7865287714

Typed or printed name of signing Managing Member/Manager: Sebastian Jaramillo