

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000044124

1. Limited Liability Company's Name

PINEDA PEREZ INVESTMENTS, LLC

FILED

2010 APR 27 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600177637686  
04/26/10--01005--006 \*\*516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>950 Brickell Bay Dr</u> Suite, Apt. #, etc. <u>4905</u> City & State <u>MIAMI</u> Zip <u>33131</u> Country <u>USA</u>		3. Mailing Office Address <u>1304 New York Ave</u> Suite, Apt. #, etc. <u>1st FL</u> City & State <u>UNION CITY, NJ</u> Zip <u>07087</u> Country <u>USA</u>	
--	--	---	--

4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>4-25-2007</u>	
6. FEI Number <u>22-0460867</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>RAFAEL TAVERAS</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>950 Brickell Bay</u>			
Suite, Apt. #, Etc. <u>4905</u>			
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33131</u>	

☐ 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 04/22/10

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
<u>ATE</u>	<u>DIEGO PINEDA</u>	<u>950 Brickell Bay Dr.</u> <u>Ste #4905</u>	<u>Miami, FL 33131</u>

REINSTATEMENT 08-10  
04-26-10

11. E-mail Address: DIEGO PINEDA.P@GMAIL.COM & EASYCONSULTING@OPTONLINE.NET  
(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

Diego Pineda

Date 04-22-10 Daytime Phone # 809-931-1373

Typed or printed name of signing Managing Member/Manager