10f 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

COMPANY REINSTATEMENT DOCUMENT # LOT DOOD 53/3/ 1. Limited Liability Company's Name FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								SECRETARY OF STATE FAI LAHASSEE, FLORIDA		
								CR2E041 (10/08)		
	ol Office Addre	3. Malling Office Address								
	3 N.E.	Suite, Apt. #, etc.					4. State/Country of Formation FLORINA			
Suite, Apt. #	_	Suite, Apr. #, etc.				ŀ	5. Date Organized or Qualified			
City & State	506	City & State					To Do Business in Florida 05/18/2007			
l '		Cay a State				- [6. FEI Numbe		Applied For	
Zip Country			Zio		Count				449323	Not Applicable
331	60	USA				•		7. CERTIFICATE		.09 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent										
Namo SANTOS, MAURO C., ESQ.							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			
Street Address (P.O. Box Number is Not Acceptable)										
Street Address (P.U. Box Number is Not Acceptable) 25 5 E 2 N D A U E 、										
Suite, Apt. #, Etc.										
OTY MIAMI					State Zip Code FL 3313 (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 Date 10/16/2008										
10. Name	es and Street	Addresses of Managing Men	bens/Managers			-				
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Mana				er City / State / Zip		ate / Zip
MMGR	FEBERICO, CRISTIAN			3363 N.E. 163.			163~	NO. MINMI BEACH, FL 3316		лсн, FL 33160
	77-00 71-00	4 i								
	KE	INSTAT	EM	EN	T	 		10/2	0013736 870801027-	57864 -006 **238.75
		·				<u> </u>				
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filting this reinstatement application the season 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 cert. Signature of Managing Member/Manager Date X 22/10/2009 Daytime Phone # 305-956-5960										
Typed or printed name of signing Managing Member/Manager <u>CRISTIANO</u> FEDERICO										

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TRANSFER OF MEMEBERSHIP INTEREST IN FLORIDA ML-2, LLC

For the sum of One million and four hundred thousands dollars (\$ 1,400,000.00) and other goods and valuable consideration, the receipt of which is hereby acknowledged by the undersigned, the undersign hereby assign, transfer and set over unto CRISTIANO FEDERICO, U.S. Visa number 20052580480001, one hundred percent (100%) of the membership interest in FLORIDA ML-2, LLC, a Florida limited liability company, to have and to hold forever, free and clear of all encumbrances.

The undersigned hereby appoint <u>CRISTIAND</u> FEDERICO, their attorney-in-fact to transfer their membership interest in the books of the company.

In Witness Whereof, the undersigned have executed this instrument this 16 day of October, 2008.

Witness

Witness

NADIA ABAD P. NUMS

AHMAD AKI MOURAD

FRANCISCO EVANDRO LOPES



WRITTEN ACTION BY THE SOLE MEMBER OF FLORIDA ML-2, LLC

The undersigned being the sole member of Florida ML-2, LLC, a Florida limited liability company, (the "Company"), hereby takes the following action:

RESOLVE that AHMAD ALI MOURAD is hereby removed as Manager of the Company.

RESOLVE that CRISTIANO FEDERICO is hereby elected Manager of the Company until such time as his successor is duly elected.

In Witness Whereof the undersigned has executed this written action this 16 day of October , 2008.

CRISTIANO FEDERICO MEMBER