PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 21 AM 8:31

DOCUMENT # L07000062226

1. Limited Liability Company's Name
KARIN, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10705 nw 33rd Street	same
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Doral, Florida	City & State
Zip: 33172 Country: U.S	Zip Country

4. State/Country of Formation: Florida/ Miami Dade

5. Date Organized or Qualified To Do Business in Florida: 08/13/2007

6. FEI Number: 39-2074701 ☐ 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: Fernando E Valdes P.A
Street Address (P.O. Box Number is Not Acceptable): 10705 nw 33rd Street
Suite, Apt. #, Etc.: 100
City: Doral State: FL Zip Code: 33172

900270079229
04/21/15--01021--025 **138.75

900270079229
2/27/15-01030-038 $ 138.75

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 02/3/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	JUAN RIVERO RAMOS	11381 NW 73RD TERRACE	DORAL, FL 33178
MGRM	LELYS TOLEDO DE RIVERO	11381 NW 73RD TERRACE	DORAL, FL 33178
	REINSTATEMENT		APR 21 2015
			R. HUNT

11. E-mail Address: valdesfernando@bellsouth.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 3/Feb/15 Daytime Phone # 305 975 -0689

Typed or printed name of signing Authorized Representative/Manager: JUAN RIVERO RAMOS