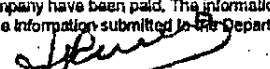


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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000062226					
1. Limited Liability Company's Name KARIN, LLC					
2. Principal Office Address - No P.O. Box # 10705 nw 33rd Street		3. Mailing Office Address 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 06/12/2007			
6. FEI Number 39-2074701		☐ Applied For ☒ Not Applicable			
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required for a Certificate of Status			
B. 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		
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					
Title	Name of Authorized Representative/Manager	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 3/26/15		Daytime Phone # 305 975 -0689	
Typed or printed name of signing Authorized Representative/Manager: JUAN RIVERO RAMOS					