PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 31 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (05/10)

DOCUMENT # L07000109899

1. Limited Liability Company's Name

The Providence Companies, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
240 Crandon Boulevard		240 Crandon Boulevard	
Suite, Apt. #, etc		Suite, Apt. #, etc	
Suite 228		Suite 228	
City & State		City & State	
Key Biscayne, FL		Key Biscayne, FL	
Zip	Country	Zip	Country
33149	USA	33149	USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: October 30, 2007

6. FEI Number: 26-1327171 — ✓ 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: Allan Serchay

Street Address (P.O. Box Number is Not Acceptable): 240 Crandon Boulevard

Suite, Apt. #, Etc.: Suite 228

City	State	Zip Code
Key Biscayne	FL	33149

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 August 25, 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	Antonio Buzaneli	310 Redwood Lane	Key Biscayne, FL 33149
	REINSTATEMENT 2010		

11. E-mail Address: eloose@provcos.com aiopazeprovcos.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 August 25, 2010 Daytime Phone # 786-866-5824 Ext 120

Typed or printed name of signing Managing Member/Manager: Antonio Buzaneli