

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000114050

1. Limited Liability Company's Name

ConstruPages, L.L.C.

9/26/08

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
1110 Brickell Avenue

Suite, Apt. #, etc.
Suite 800

City & State
Miami, Florida

Zip
33131

Country
United States

3. Mailing Office Address
1110 Brickell Avenue

Suite, Apt. #, etc.
Suite 800

City & State
Miami, Florida

Zip
33131

Country
United States

4. State/Country of Formation
State of Florida

5. Date Organized or Qualified
To Do Business in Florida November 13, 2007

6. FEI Number
36-4621703

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
Mirelis Castilla, Esq.

Street Address (P.O. Box Number is Not Acceptable)
5900 SW 73 Street

Suite, Apt. #, Etc.
Suite 205

City
South Miami

State
FL

Zip Code
33143

☐ 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 11/3/08

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
MGRM	Franco Biocchi	1110 Brickell Avenue, Suite 800	Miami, Florida 33131
MGR	Gonzalo D. Casini	1110 Brickell Avenue, Suite 800	Miami, Florida 33131

REINSTATEMENT 2008

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11. 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 06/29/2008

Daytime Phone # 305-974-6580

Typed or printed name of signing Managing Member/Manager Franco Biocchi