

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000006995

Entity Name: FWAS INVESTMENT GROUP, LLC.

FILED  
Nov 19, 2009  
Secretary of State

## Current Principal Place of Business:

200 WASHINGTON AVENUE  
WILMINGTON, DE 19803 US

## New Principal Place of Business:

## Current Mailing Address:

200 WASHINGTON AVENUE  
WILMINGTON, DE 19803 US

## New Mailing Address:

FEI Number: 26-1785539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

O&P TAX-ACCOUNTING CORP.  
11890 SW 8TH STREET  
PENTHOUSE VII  
MIAMI, FL 33184 US

## Name and Address of New Registered Agent:

FUENTES, JUAN P MGRM  
1050 BRICKELL AVENUE  
2022  
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUAN FUENTES

11/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FUENTES WALLIS, ANA MARIA (20%)  
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3  
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

Title: MGRM ( ) Delete  
Name: FUENTES WALLIS, JUAN PABLO (20%)  
Address: 200 WASHINGTON AVENUE  
City-St-Zip: WILMINGTON, DE 19803 US

Title: MGRM ( ) Delete  
Name: FUENTES WALLIS, ANDRES (20%)  
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3  
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

Title: MGRM ( ) Delete  
Name: FUENTES WALLIS, JOSE IGNACIO (20%)  
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3  
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

Title: MGRM ( ) Delete  
Name: FUENTES DE MENDEZ, MARIA CAROLINA (20%)  
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3  
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUAN FUENTES

MGRM

11/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date