F.M.E.D

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 14 OCT -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000032491

1. Limited Liability Company's Name
Asia 2805 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 S. Biscayne Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
4310	
City & State	City & State
Miami, Fl	
Zip / Country	Zip / Country
33131 / US	

4. State/Country of Formation: Florida / US

5. Date Organized or Qualified To Do Business in Florida: March 31, 2008

6. FEI Number: 98-0577659 ☐ 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: Gerardo A. Vazquez PA

Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd

Suite, Apt. #, Etc.: 4310

City: Miami | State: FL | Zip Code: 33131

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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 10/1/14.
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
Mgr	Promociones Cascos S.A.	200 S. Biscayne Blvd # 4310	Miami Fl 33131
Mgr	Bonifacio A. Garcia	200 S. Biscayne Blvd # 4310	Miami Fl 33131
Mgrm	JSB Cangas S.L. De Onis	200 S. Biscayne Blvd # 4310	Miami Fl 33131
Mgrm	Isaac De La Riva Fernandez	200 S. Biscayne Blvd # 4310	Miami Fl 33131

REINSTATEMENT OCT 01 2014

R. HUNT

11. E-mail Address: ia@vazquezcarballo.com
(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 605, 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 10/1/14 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager _____