PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 18 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600181831316
06/08/10 - 01026-002 $238.75

CR2E041 (05/10)

DOCUMENT # L08000052888

1. Limited Liability Company's Name

ACOSTA GROUP OF SOUTH FLORIDA LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8004 NW 154 STREET		8004 NW 154 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 179		SUITE 179	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33016	USA	33016	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/28/2008

6. FEI Number: 26-2693452 ☐ 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: HUGO ACOSTA

Street Address (P.O. Box Number is Not Acceptable): 8004-NW 154 STREET

Suite, Apt. #, Etc.: SUITE 179

City	State	Zip Code
MIAMI	FL	33016

06/18/10--01002--011 **138.75
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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: 06/11/2010

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	GUIDO MOSQUERA	8004 NW 154 STREET, #179	MIAMI, FL 33016
MGR	HUGO ACOSTA	8004 NW 154 STREET, #179	MIAMI, FL 33016

REINSTATEMENT 09.10

11. E-mail Address: _____
(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: 06/11/2010 Daytime Phone #: (786) 488-6699

Typed or printed name of signing Managing Member/Manager: HUGO ACOSTA

N. Collins JUN 18 2010