PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -3 AM 10 22

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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04/20/10--01044--016 **277.50

DOCUMENT # L08000054275

1. Limited Liability Company's Name
2119 Lychee, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2110 Lychee Lane	P.O. Box 363633
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis, FL	City & State: San Juan, PR
Zip: 34275 Country: USA	Zip: 00936-3633 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 05/28/08

6. FEI Number: Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Juan C. Villaveces

Street Address (P.O. Box Number is Not Acceptable): 240 S. Pineapple Avenue

Suite, Apt. #, Etc.: 9th Floor

City: Sarasota State: FL Zip Code: 34236

☒ 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: _____ Date: 4/1/10
(REGISTERED AGENT MUST SIGN)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Arturo Barreiro	P.O. Box 363633	San Juan/PR 00936-3633
MGRM	Jorge Galceran	3850 Bird Rd., Suite 903	Coral Gables, FL 33146

REINSTATEMENT 2009-2010

11. E-mail Address: maxvega1@gmail.com
(To be used for future annual report notification)

12. I certify that I am a 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 608.408, 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: 3/31/10 Daytime Phone # 787-731-9000

Typed or printed name of signing Managing Member/Manager: _____