

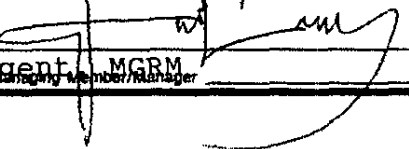
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L08000054657					
1. Limited Liability Company's Name EMPRESAS BOUTOLEV, LLC					
2. Principal Office Address - No P.O. Box # 430 Lincoln Rd Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Miami Beach, Fl		City & State		5. Date Organized or Qualified To Do Business in Florida 06/03/2010	
Zip 33139	Country USA	Zip	Country	6. FEI Number 16-1684505	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 Carlos Tellez					
Street Address (P.O. Box Number is Not Acceptable) 430 Lincoln Rd					
Suite, Apt. #, Etc.					
City Miami Beach		State FL	Zip Code 33139	200184198282 08/10/10--01003--020 **125.00	
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	
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	
Mgrm	Carlos Tellez	430 Lincoln Rd		Miami Beach, Fl 33139	
REINSTATEMENT 2010					
11. E-mail Address info@britoandbrito.net (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 608.405, 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 08/08/2010 Daytime Phone # 305-534-9292	
Typed or printed name of signing Managing Member/Manager Registered agent, MGRM					