PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 10 AM 10:45

DOCUMENT # L08000054657

1. Limited Liability Company's Name
EMPRESAS BOUTOLEV, LLC

BK

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
430 Lincoln Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Fl	City & State
Zip: 33139 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/03/2010

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

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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@britoandorlio.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 608.406, 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 08/06/2010 Daytime Phone # 305-534-9292

Typed or printed name of signing Managing Member/Manager Registered agent, MGRM