PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT 22 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000063035

1. Limited Liability Company's Name

PUERTO COLOMBIA LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
950 BRICKELL BAY DR	950 BRICKELL BAY DR
Suite, Apt. #, etc. 2810	Suite, Apt. #, etc. 2810
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country USA	Zip 33131 Country USA

4. State/Country of Formation FLORIDA USA

5. Date Organized or Qualified To Do Business In Florida 06/27/2008

6. FEI Number [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: DAVILA DANGOND, RAMIRO

Street Address (P.O. Box Number is Not Acceptable): 950 BRICKELL BAY DR

Suite, Apt. #, Etc.: 2810

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 605, F.S.

Signature of Registered Agent: x Ramiro Davila Date: x 09/30/14

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	DAVILA DANGOND, RAMIRO	950 BRICKELL BAY DR #2810	MIAMI FL 33131
MGR	DAVILA, MARIA I.	950 BRICKELL BAY DR #2810	MIAMI FL 33131
		REINSTATEMENT 2010-2014	

11. E-mail Address: RAMIRODAVILA25@HOTMAIL.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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: x Ramiro Davila Date: 09/30/14 Daytime Phone #: 786-683-4670

Typed or printed name of signing Authorized Representative/Manager: DAVILA DANGOND, RAMIRO