PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RIDA DEPARTMENT OF STATE	FILED	
COMPANY REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	13 OCT 24 PM 2: 41	
DOCUMENT # Soft 1 Limited Liability Company's Name	itto LLC. 2000101620	Jt S IĀLĪ.	AHASSEE, FL ORIDA
2 Principal Office Address - No P O Box # 3. M	Ianling Office Address	10/09/3	0252633510 1301039005 **100.00 CR2E041 (1/11)
8108 SW 157 Place 8108 SW 157 Place		*REINSTATEMENT	
Suite, Apt #, etc Suite,	Apt #, etc N/A	5. Date Organized To Do Busines	or Qualified
City & State City & State Miami Fl		6. FEI Number Applied For X Not Applicable	
33193 Country 2ip 3	3193 USA	7. CERTIFICATE OF STATUS DESIRED 55,00 Additional for required for a Certificate of Status	
8. Name and Address of Current	Registered Agent		
Name Rolando Conzalez Street Address (P.O. Box Number is Not Acceptable) \$108 5W 157 Place		0002594655510 10/24/1301008008 **25.00	
Sulte, Apt #, Etc.		Sofnto egmail, com	
Migmi	State Zip Code FL 33193	(To be us	sed for future annual report notices)
9 I, being appointed the registered agent of the above named limited liability dompany, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent			
10. Names and Street Addresses of Managing Members/M	lanagers		
Titles Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manag	er	City / State / Zip
MGR Kathlean Mara	8/08 SW 157 Plac	.e	Momil F1 33193
MGR Relando Coonzal -	8108 SW 157P1		Munu A 33193
			OCT-2-4 2013
			S. PRATHER
			<u></u>
11. 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 rianie 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 I am aware that this information submitted in a document to the Department of State constitutes a third degree felority as provided for in s 817,155, F.S. Signature of Managing Date Daytime Phone #			
Typed or printed name of signing Managing Member/Manager Kuthlean Morra Raquelo 6047 de 2			