

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR -8 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # W9000025003

1. Limited Liability Company's Name

CORGORO, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
4000 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 570

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

4000 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 570

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/13/2009

6. FEI Number

32-0287607

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

Jeffrey S. Tanen

Street Address (P.O. Box Number is Not Acceptable)

4000 Ponce de Leon Boulevard

Suite, Apt. #, Etc.

Suite 570

City

Coral Gables

State

FL

Zip Code

33146

300258777933
04/08/14--01016--005 **377.50

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

REGISTERED AGENT MUST SIGN

Date **4/8/14**

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	Hector Augusto Roque Dumontet	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146
MGR	Gonzalo Correa	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146
MGR	Rodolfo Correa	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146

APR 9 2014

REINSTATEMENT

2014

L. SELLERS

11. E-mail Address: **itanen@tanenlaw.net**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 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

Date **4/8/14**

Daytime Phone # **(305) 374-3250**

Typed or printed name of signing Authorized Representative/Manager **Jeffrey S. Tanen, as Attorney in Fact**