FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 NOV -4 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000026835

1. Limited Liability Company's Name

Portus America, L.L.C.

500187407335
11703/10--01026--004 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o 304 Palermo Avenue	c/o 304 Palermo Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 03/18/2009

6. FEI Number: 26-4562554 ☐ 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: Ruiz Maza Gunter, Francisco E.

Street Address (P.O. Box Number is Not Acceptable): c/o 304 Palermo Avenue

Suite, Apt. #, Etc.

City: Coral Gables State: FL Zip Code: 33134

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 25/OCT/10

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	Kunhardt Suarez, Alfredo E.	c/o 304 Palermo Avenue	Coral Gables, Fl 33134
Mgrm	Ruiz Maza Gunter, Francisco	c/o 304 Palermo Avenue	Coral Gables, FL 33134

REINSTATEMENT 2010

L. SELLERS
NOV - 5 2010
EXAMINER

11. E-mail Address: fm@portus.com.mx
(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 25/OCT/10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____