PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2019 NOV -7 PM 3:24

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DOCUMENT # L10000075573

1. Limited Liability Company's Name
DV INVESTMENT GROUP LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1800 N BAY SHORE DR	1800 N BAY SHORE DR
Suite, Apt. #, etc 2510	Suite, Apt. #, etc 2510
City & State MIAMI	City & State MIAMI
Zip / Country 33132 / FL	Zip / Country 33132 / FL

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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
VANESSA NAVARRO

Street Address (P.O. Box Number is Not Acceptable) Suite,
1800 N BAY SHORE DR

Apt. #, Etc
2510

City: MIAMI | State: FL | Zip Code: 33132

Retro 2013-19

11/20/19 DC

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: Vanessa Navarro
REGISTERED AGENT MUST SIGN

Date: 10/13/19

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	VANESSA NAVARRO	1800 N BAY SHORE DR UND 2510	MIAMI FL 33132
MGR	DIEGO F. PRADA	1800 N BAY SHORE DR UND 2510	MIAMI FL 33132

11. E-mail Address: lmprada@hotmail.com
(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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 10/13/19 Daytime Phone #: 786 398 2046

Typed or printed name of signing authorized representative/member: _____