PLEASE RE	AD ALL INS	TRUCTIO	NS BEFORE	COMPLET	ING THIS FORM	
LIMITED LIABILITY COMPANY REINSTATEMENT	DEPARTME Secretary of SION OF CORPO		FILED 14 APR -8 111 6: 26			
DOCUMENT # L10000107628 1. Limited Liability Company's Name JOBESI II, LLC				SECRETARY OF STATE TALLAHASSEE, FLORIDA .		
Suite, Apt. #, etc. Suite. Apt. #,		once de Leon Blvd		4. State/Country of Formation Florida		
Suite 570 Suite 5 City & State City & State Coral Gables, FL Coral Zip Country 33146 USA 33146 USA		Gables, FL		5. Date Organized or Qualified To Do Business in Flonda 10/14/2010 6. FEI Number Applied For Not Applied For Not Applied For Organized		
8. Name and Add Name Jeffrey S. Tanen Street Address (P.O. Box Number is Not Accordance of Leon Boulevard Suite, Apt. #. Etc. Suite 570 City Coral Gables	State Zip Code FL 33146		500258777906 04/08/1401016004 **377.50			
9. I. being appointed the registered agent of Signature of Registered Agent 10. Names and Skeet Addresses of Authori	REGISTERED A	GENT MUST SIG		nd accept the obliga	ntions of Chapter 605, F.S.	
Titles Name of	Name of Authorized Representatives/		Street Address of Eac Authorized Represental Manager		City / State / Zip	
MGRM Hector Augusto Roque Dumontet				d, Suite 570	Coral Gables	, FL 33146
APR = 9 2014			REINS'	TATE	MENT 70	13-2014

(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 filling 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. ed Apresentative/Manager Jeffrey S. Tanen, as Attorney in Fact Daytime Phone # (305) 374-3250 Authorized Representative/Manager

Typed or printed name of signing Author,

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