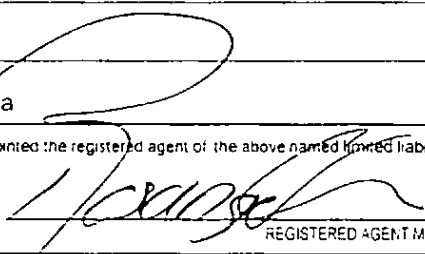
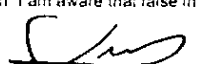


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11000073598 1. Limited Liability Company's Name MIS NINAS, LLC			
2. Principal Office Address - No P.O. Box # 900 SOUTH BISCAYNE BLVD		3. Mailing Office Address	
Suite Apt. # etc. Suite 909		Suite Apt. # etc.	
City & State Miami, Florida		City & State	
Zip 33131	Country USA	Zip	Country
8. Name and Address of Current Registered Agent			
Name ROSE DE LOS ANGELES ACOSTA			
Street Address (P.O. Box Number is Not Acceptable) Suite 900 SOUTH BISCAYNE BLVD			
Apt. # Etc. Suite 909			
City Miami, Florida		State FL	Zip Code 33131
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  Date <u>4/3/18</u> REGISTERED AGENT MUST SIGN			
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	Jose Daniel Varela Blanco	900 SOUTH BISCAYNE BLVD	MIAMI, FL 33131
MGR	Marisol Pose Fernandez	900 SOUTH BISCAYNE BLVD	MIAMI, FL 33131
11. E-mail Address <u>Elvalle01@gmail.com</u> (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 <u>4/3/18</u>	Daytime Phone # <u>305-342-5511</u>
Typed or printed name of signing authorized representative/member <u>Manager</u>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2012-18