

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 MAR 16 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # **L11000144101**

1. Limited Liability Company's Name
BIODIESEL LAS AMERICAS LLC

10084222881
03/16/20--01005--018 *238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 8815 SW 33rd Street		3. Mailing Office Address 888 Brickell Avenue	
Suite, Apt. #, etc. Suite 150		Suite, Apt. #, etc. 4th Floor	
City & State Doral		City & State Miami	
Zip 33172	Country USA	Zip 33131	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/27/2011	
6. FEI Number 35-2432025	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Eduardo I. Sacco			
Street Address (P.O. Box Number is Not Acceptable) Suite, 888 Brickell Avenue			
Apt. #, Etc. 4th Floor			
City Miami	State FL	Zip Code 33131	

REINSTATEMENT
- 7070

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/12/2020**

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
MGMR	Enrique V. Urdaneta	888 Brickell Avenue, 4th Floor	Miami, Florida 33131

11. E-mail Address **eduardo.ignacio.sacco@gmail.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

[Signature]

Date

3/12/2020

Daytime Phone #

Typed or printed name of signing authorized representative/member

ENRIQUE V. URDANETA