
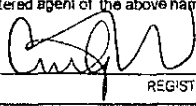
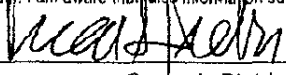


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 AUG 26 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)																	
DOCUMENT # L1200143017 1. Limited Liability Company's Name PAOPATOSCALE PROPERTIES, LLC																					
2. Principal Office Address - No P.O. Box # 510 Misty Oaks Drive Suite, Apt. #, etc. c/o Oscar A. Pietri City & State Pompano Beach, Florida Zip 33069		3. Mailing Office Address 411 Theodore Fremd Avenue Suite, Apt. #, etc. c/o Lopez & Wardle LLP City & State Rye, New York Zip 10580		4. State/Country of Formation FL																	
Country USA		Country USA		5. Date Organized or Qualified To Do Business in Florida 11/13/2012																	
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Suite 1201 HAYS STREET Apt. #, Etc. City TALLAHASSEE		State FL		Zip Code 32301																	
6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable																					
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status																					
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  Courtney Williams Date 08.26.16 REGISTERED AGENT MUST SIGN Asst. Vice President																					
10. Names and Street Addresses of Authorized Representatives/Managers																					
<table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Authorized Representatives/Managers</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>AR-A</td> <td>Oscar A. Pietri</td> <td>Qta., Chalet, Finca Vista Linda.</td> <td>Caracas, Venezuela 1071</td> </tr> <tr> <td>MGR-A</td> <td>Maria A. Betancourt</td> <td>Qta., Chalet, Finca Vista Linda.</td> <td>Caracas, Venezuela 1071</td> </tr> <tr> <td colspan="3"> REINSTATEMENT 2014-2016 </td> <td> S. HAWKES AUG 26 A.M. EXAMINER </td> </tr> </tbody> </table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	AR-A	Oscar A. Pietri	Qta., Chalet, Finca Vista Linda.	Caracas, Venezuela 1071	MGR-A	Maria A. Betancourt	Qta., Chalet, Finca Vista Linda.	Caracas, Venezuela 1071	REINSTATEMENT 2014-2016			S. HAWKES AUG 26 A.M. EXAMINER
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REINSTATEMENT 2014-2016			S. HAWKES AUG 26 A.M. EXAMINER																		
11. E-mail Address mlopez@lopezwardle.com																					
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 08/22/16 Daytime Phone# 954 864 4792 Typed or printed name of signing authorized representative/member Oscar A. Pietri																					



CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 267753 7651177

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : August 25, 2016

ORDER TIME : 8:45 AM

ORDER NO. : 267753-005

CUSTOMER NO: 7651177

DOMESTIC FILINGS

NAME: PAOPATOSCALE PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
16 AUG 26 AM 11:14