PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 MAR -9 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000003166

1. Limited Liability Company's Name
JUNCO POLA, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2875 NW 77th AVE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami Fl | City & State |
| Zip: 33122 Country: US | Zip Country |

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/07/2013

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a certificate of status

900283123709
03/09/16--01007--011 **10.00

900283123709
03/09/16--01007--010 **1032.50

8. Name and Address of Current Registered Agent

Name: Frank Fabre

Street Address (P.O. Box Number is Not Acceptable) Suite,
2310 Country Club Prado

Apt. #, etc.

City: Coral Gables State: FL Zip Code: 33134

X 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 03/08/2016

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 |
|---|---|---|---|
| MGRM | POLA, JORGE, SR. | 2875 NW 77th Ave | Miami, Fl 33122 |
| MGRM | JUNCO POLA, ISABEL | 2875 NW 77th Ave | Miami, FL 33122 |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: _____
(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 605.0112, 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 3/8/16 Daytime Phone # 3052641022

Typed or printed name of signing authorized representative/member: Frank Fabre

MAR -9 2016

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M. WILLIAMS