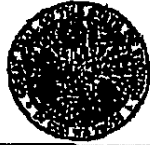


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**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 #
2875 NW 77th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33122

Country

US

Zip

Country

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

CR2541(1/14)

4. State/Country of Formation
FLORIDA

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

6. FEI Number

☒ 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

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

Title	Name of Authorized Representative/ Manager	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 605.0012, 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. 817.168, F.S.

Signature of authorized representative/member

Date

3/8/16
Frank Fabre

Daytime Phone #

305 264 1021

Typed or printed name of signing authorized representative/member

MAR - 9 2016

M WILLIAMS