1662

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 APR 23 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L13000057605

1. Limited Liability Company's Name
ACF CARIBBEAN, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
CCS- 504225 2250 NW 114TH AVE	CCS- 504225 2250 NW 114TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
UNIT 1C	UNIT 1C
City & State	City & State
MIAMI, FL	MIAMI, FL
Zip / Country	Zip / Country
33172 / USA	33172 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/19/2013

6. FEI Number: 33 1228056 ☐ Applied For ☐ Not Applicable

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

APR 23 2015
L. SELLERS
900272119129

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

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: Emily Gray — REGISTERED AGENT MUST SIGN — Emily Gray, Asst. Vice President — Date: 4/23/15

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Konrad A. Pardo	CCS- 504225 2250 NW 114th Ave., Unit 1C	Miami, FL 33172

REINSTATEMENT 2014-2016

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: April 21, 2015 Daytime Phone #: 7862016853

Typed or printed name of signing authorized representative/member: Konrad A. Pardo

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

ACCOUNT NO. : I20000000195

REFERENCE : 594442 7934890

AUTHORIZATION : Lynell Lennon

COST LIMIT : $ 377.50

ORDER DATE : April 17, 2015

ORDER TIME : 8:18 AM

ORDER NO. : 594442-010

CUSTOMER NO: 7934890

RECEIVED
15 APR 23 AM 10:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: ACF CARIBBEAN, 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 _____