PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 OCT 29 AM 8:17

DOCUMENT # L13000057605

1. Limited Liability Company's Name

ACF CARIBBEAN, LLC

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 UNIT 1C	Suite, Apt. #, etc UNIT 1C
City & State MIAMI, FL	City & State MIAMI, FL
Zip / Country 33172 / USA	Zip / Country 33172 / USA

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA

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

6. FEI Number: 331228056 ☐ Applied For ☐ Not Applicable

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

900278645389

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1201 Hays St.

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: M. Zender — REGISTERED AGENT MUST SIGN

Melissa Zender
Asst. Vice President

Date: 10/29/15

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
AMBR	KONRAD A. PARDO	CCS-504225 2250 NW 114TH AVE	MIAMI, FL 33172

11. E-mail Address: Konradpardo@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: 29/10/2015 Daytime Phone #: 7862016853

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

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

ACCOUNT NO. : I20000000195

REFERENCE : 853540 7934890

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 29, 2015

ORDER TIME : 3:31 PM

ORDER NO. : 853540-005

CUSTOMER NO: 7934890

DOMESTIC FILINGS

FILED
15 OCT 29 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS _____