
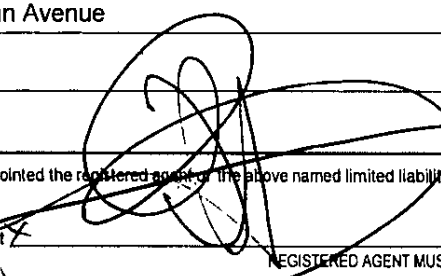
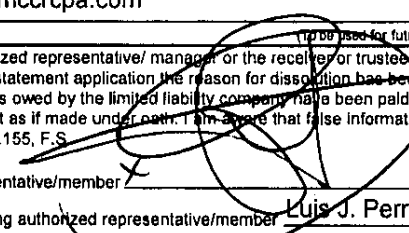


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L13000111993																															
1. Limited Liability Company's Name Pontecane, LLC																															
2. Principal Office Address - No P.O. Box # 1011 Michigan Avenue Suite, Apt. #, etc. Suite#2 City & State Miami Beach, Florida Zip 33139-4824 Country United States		3. Mailing Office Address 1011 Michigan Avenue Suite, Apt. #, etc. Suite#2 City & State Miami Beach, Florida Zip 33139-4824 Country United States																													
4. State/Country of Formation Florida																															
5. Date Organized or Qualified To Do Business in Florida 08/08/2013																															
6. FEI Number 46-3455929		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status																															
8. Name and Address of Current Registered Agent Name Luis J. Perrigo Street Address (P.O. Box Number is Not Acceptable) Suite, 1011 Michigan Avenue Apt. #, Etc. Suite#2 City Miami Beach State FL Zip Code 33139-4824																															
9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 05-15-2015 REGISTERED AGENT MUST SIGN																															
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>MGR</td><td>Luis J. Perrigo</td><td>1101 Michigan Avenue, Suite#2</td><td>Miami Beach, FL 33139-4824</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	Luis J. Perrigo	1101 Michigan Avenue, Suite#2	Miami Beach, FL 33139-4824																				
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MGR	Luis J. Perrigo	1101 Michigan Avenue, Suite#2	Miami Beach, FL 33139-4824																												
11. E-mail Address: anne@mccrcpa.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 05-15-2015 Daytime Phone # 305-588-4930 Typed or printed name of signing authorized representative/member Luis J. Perrigo																															

K. ASHTON