FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM 2025 JAN 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900443662029
01/30/25--01022--004 **238.75

CR2E041 (1/14)

DOCUMENT # L13000163393

1. Limited Liability Company's Name

XIMENES REAL ESTATE INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7419 Sparkling CT	7419 Sparkling CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 101	Suite 101
City & State	City & State
Kissimmee, FL	Kissimmee, FL
Zip / Country	Zip / Country
34747 / Osceola	34747 / Osceola

4. State/Country of Formation: FL, US

5. Date Organized or Qualified To Do Business in Florida: 11/21/2013

6. FEI Number: 37-1744747 — Applied For ☐ Not Applicable ☐

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

8. Name and Address of Current Registered Agent

Name: LARSON ACCOUNTING GROUP

Street Address (P.O. Box Number is Not Acceptable) Suite: 7901 KINGSPOINTE PKWY STE 17

Apt. # Etc.:

City: ORLANDO — State: FL — Zip Code: 32819

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: CAROLINE LARSON — Date: 01/07/2025

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
AMBR	Ximenes Aguiar Jr, Tarcisio	Ave Santos Dumont, 5753 13th Floor	Fortaleza 60175-047 BR
AMBR	Ximenes Aguiar, Ana Paula A	Ave Santos Dumont, 5753 13th Floor	Fortaleza 60175-047 BR

11. E-mail Address: Assistant6@Larsonacc.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: 01/07/2025 — Daytime Phone #: (407) 370-3686 T. WILSON

Typed or printed name of signing authorized representative/member: Tarcisio Ximenes Aguiar JR