


PLEASE READ ALL INSTRUCTIONS BEFORE

**FILED**

14 NOV 18 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13000174849

1. Limited Liability Company's Name  
Alliance RE Holdings, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>400 NW 26th Street</u>		3. Mailing Office Address <u>400 NW 26th Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33127</u>	Country <u>USA</u>	Zip <u>33127</u>	Country <u>USA</u>

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
12/16/2013

6. FEI Number  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  
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

500266688625  
11/19/14--01001--021 \*\*243.75

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 Connie Bryan Date 11/18/2014

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
<u>MGR</u>	<u>Adolfo Geo Filho</u>	<u>17201 Collins Avenue, Unit 2301</u>	<u>Sunny Isles, FL 33160</u>

NOV 19 2014  
L. SELLENC

**REINSTATEMENT 2014**

11. E-mail Address: LSLETTE@AZEVEDOSETTE.COM.BR  
(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 608, 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [Signature] Date 11/18/14 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Authorized Representative/Manager Luiz A. Sette