


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 MAR -8 AM 8:12

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000034783

1. Limited Liability Company's Name
Heco Mining Services LLC

2. Principal Office Address - No P.O. Box # <u>5825 NW 74 Ave.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State	
Zip <u>33166</u>	Country <u>US</u>	Zip	Country

CR2E041 (1/14)

4. State/Country of Formation <u>Florida/US</u>
5. Date Organized or Qualified To Do Business in Florida <u>02/28/2014</u>
6. FEI Number <input type="checkbox"/> Applied For <input checked="" 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: Alvaro M. Vazquez

Street Address (P.O. Box Number is Not Acceptable) Suite
5825 NW 74 Ave.

Apt. #, Etc.

City Miami State FL Zip Code 33166

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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 [Signature] Date 3/8/2016

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>Alvaro M. Vazquez</u>	<u>5825 NW 74 Ave</u>	<u>Miami FL 33166</u>

11. E-mail Address: LA@quazovuez.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 3/8/16 Daytime Phone # (3)371 8064

Typed or printed name of signing authorized representative/member _____