


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 APR -6 AM 11:06

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04/06/17--01003--004 \*\*377.50

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # L14000192202**

1. Limited Liability Company's Name  
**TORINO INVESTMENTS, LLC**

2. Principal Office Address - No P.O. Box # <b>1101 BRICKELL AVE 8TH FLOOR</b>		3. Mailing Office Address <b>1101 BRICKELL AVE 8TH FLOOR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>

8. Name and Address of Current Registered Agent

Name  
**FLORIDA CORPORATE SERVICES, LLC**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**3006 AVIATION AVENUE**

Apt. #, Etc.

City  
**COCONUT GROVE**

State  
**FL**

Zip Code  
**33131**

4. State/Country of Formation  
**FL**

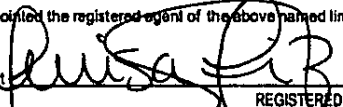
5. Date Organized or Qualified To Do Business in Florida  
**12/17/2014**

6. FEI Number  
**47-3666038**

Applied For  
☐ Not Applicable

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

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  By: **Jenisa Irizarry, Special Secretary** Date **4/5/2017**

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
<b>MGR</b>	<b>Marcelo Cordeiro</b>	<b>1101 BRICKELL AVE 8TH FLOOR</b>	<b>MIAMI, FL 33131</b>

**REINSTATEMENT**

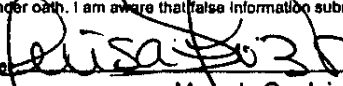
**APR 06 2017**

**R. HUNT**

11. E-mail Address: \_\_\_\_\_

(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  Date **4/5/2017** Daytime Phone # **561-694-8107**

Typed or printed name of signing authorized representative/member **Marcelo Cordeiro, Manager** by: **Jenisa Irizarry, Attorney-in-Fact**