

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 MAY 20 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L16000204175

1. Limited Liability Company's Name

TRES DIAS INVESTMENT LLC

800345109508

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

10203 Collins Ave

Suite, Apt. #, etc.

3. Mailing Office Address

132 Minorca Avenue

Suite, Apt. #, etc.

City & State

BAL HARBOUR FL

City & State

Coral Gables FL

Zip

33154

Country

USA

Zip

33134

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/07/2016

6. FEI Number

61-1851697

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

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Bree Zahner, Assistant Secretary

Date 05/20/2020

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
MGR	Claudio Federico Porcel	10203 Collins Ave	Bal Harbour FL 33154
MGR	Marcelo Eduardo Porcel	10203 Collins Ave	Bal Harbour FL 33154

11. E-mail Address: cporcel@balanz.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 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

Date May 20th 2020

Daytime Phone # +54 9 11 4445 1373

Typed or printed name of signing Authorized Representative/Manager Claudio Federico Porcel

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 5/21/2020

Acc#I20160000072

en: c DW

Name:	TRES DIAS INVESTMENT LLC
Document #:	
Order #:	13002432

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

We are filing this reinstatement because they are changing the registered agent. If you have any questions please call us.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 516.25

Thank you!

RECEIVED
2020 MAY 21 PM 1:04
TALLAHASSEE, FL 32312
FLORIDA