

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L94000000453**

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 15 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000453

1. Limited Liability Company Name

Americas Asset Management, LC

9/28/01

2. Principal Office Address  
1501 Venera Ave.

3. Mailing Office Address  
1501 Venera Ave.

Suite, Apt. #, etc.  
340

Suite, Apt. #, etc.  
340

City & State  
Coral Gables, Florida

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Coral Gables, Florida

Zip Country  
33146 USA

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33146 USA

4. State/Country of Formation  
Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida Sep, 12, 1994

6. FEI Number 65-0527006

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  
Guillermo Fernandez

Street Address (P.O. Box Number is Not Acceptable)  
1501 Venera Ave.

Suite, Apt. #, Etc.  
340

City 33146

State Zip Code  
FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

10 / 10 / 2002

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Guillermo Fernandez	10845 Snapper Creek Rd.	Coral Gables, FL, 33156
MGR	Mauro Nannini	6300 Caballero Blvd.	Coral Gables, FL, 33146
REINSTATEMENT 2001-2002			
BFR			

11. I certify that I am managing member/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 608.406, 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.

Signature of  
Managing Member/Manager

10 / 10 / 2002

305 899 1000

Date

Daytime Phone #

Guillermo Fernandez

Typed or printed name of signing Managing Member/Manager

CR 2E041 (9/01)