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1. ENTER PASSWORD
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

ACCT#: 071001002335

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: HERFA ENTERPRISES, L.C.
AUDIT NUMBER.....H98000004406
DOC TYPE.....LIMITED LIABILITY REINSTATEMENT
CERT. OF STATUS..1
CERT. COPIES.....0
PAGES..... 1
DEL. METHOD.. FAX
EST. CHARGE.. $1,075.00

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REINSTATEMENT 96-98 twm
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APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L 95000000659

Herfa Enterprises, L. C.
628 Northwest 89th Ave.
Plantation, Fl 33324

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

2. Principal Place of Business
8181 NW 36th Street
Suite 1902
Miami, Florida
Zip 33166 Country USA

2a. Mailing Address
8181 NW 36th St.
Suite 1902
Miami, Florida
Zip 33166 Country USA.

3. Date Organized or Qualified
08/28/1995

3a. State of Formation
Floriaa.

4. FEI Number
65-0610772

☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
☐

7. Name and Address of Current Registered Agent

Macia Federico M. ESQ
848 Brickell Ave
Suite 601
Miami Fl 33131

8. Name and Address of New Registered Agent

Name
Domingo Alonso
Street Address (P.O. Box Number is Not Acceptable)
250 Valencia Avenue
Suite, Apt. #, etc.
City Coral Gables FL Zip Code 33134.

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 _____ Date 2/26/98

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Hernandez Rodolfo	8181 NW 36 st. #1902	Miami, FL 33166
MGRM	Fajardo Prado Violeta	8181 NW 36st #1902	Miami, FL 33166.

REINSTATEMENT 96-98
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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 _____ Date 2/26/98 Daytime Phone # (305) 718-9380

Typed or printed name of signing Managing Member/Manager

Domingo Alonso, 250 Valencia Ave., Coral Gables, Fl. 33134 (305) 718-9380