PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG 29 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-97000001347

1. Limited Liability Company's Name
DISVELCA MIAMI, L.C.

REINSTATEMENT 2000-2001

2. Principal Office Address		**3.** Mailing Office Address	
6555 N.W. 36 STREET		6555 N.W. 36 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE #111		SUITE #111	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33166	MIAMI-DADE	33166	MIAMI-DADE

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
65-0843264
☐ 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
CUEVAS, ANDREW, ESQ.

700080457125?--0
-09/05/01--01075--034
****200.00 ****200.00

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

Suite, Apt. #, Etc.

City	State	Zip Code
CORAL GABLES	FL	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 X _____ Date 08/22/01
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
MEMBER	GALLARDO JAIME	6555 N.W. 36TH ST. #3	MIAMI, FL 33166
MEMBER	MARCO, RUBEN	6555 N.W. 36TH ST. #3	MIAMI, FL 33166
MEMBER	OLMETA, PEDRO	6555 N.W. 36TH ST. #3	MIAMI, FL 33166

8-29-01

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 608.408, 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 08/22/01 Daytime Phone # 305-553-8080

Typed or printed name of signing Managing Member/Manager PEDRO OLMETA