PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

**REINSTATEMENT** 2000

DOCUMENT # L98000002920

1. Limited Liability Company's Name
BELLA VISTA EMPORIUM, L.C.
2220 NW 82ND AVE
MIAMI, FLORIDA 33122

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2220 NW 82ND AV | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | |
| City & State | City & State |
| MIAMI, FLORIDA | |
| Zip: 33122 Country: U.S | Zip: Country: |

4. State/Country of Formation: VENEZUELA

5. Date Organized or Qualified To Do Business in Florida: 11-30-1998

6. FEI Number: 65-0882760 ☐ 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: FRANCISCO MALUENTANO

300003473093--4
-11/21/00--01085--027
****188.75 ****188.75

Street Address (P.O. Box Number is Not Acceptable): 2220 NW 82ND AV

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33122

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: 10/30/2000
REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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 |
|---|---|---|---|
| PRES | CYNTHIA HERNANDEZ | 2220 NW 82ND AV | MIAMI, FL 33122 |
| V-PRES | HIROSHI HARADA | " | " |
| SEC'T | PAOLA FUENMAYOR | " | " |
| TREA | MARIA A. HARADA | " | " |
| ASS-P | FRANCISCO MALUENTANO | " | " |
| ASS-VP | HIDEKI HARADA | " | " |

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: 10/30/2000 Daytime Phone #: 305-525-6666

Typed or printed name of signing Managing Member/Manager: _____