

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 JAN 10 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L9800000 3475**

1. Limited Liability Company's Name

ANDEAN MARKETING GROUP, L.L.C.

2. Principal Office Address

4432 NW 98th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33178

Country

Miami-Dade

3. Mailing Office Address

4432 NW 98th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33178

Country

Miami-Dade

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0883847

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

Andrew Cuevas, Esq.

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

536 Biltmore Way

Suite, Apt. #, Etc.

City

Coral Gables

State
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

Andrew Cuevas

REGISTERED AGENT MUST SIGN

Date 1/4/02

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
MGRM	Garcia, Pedro	4432 NW 98th Avenue	Miami, FLorida 33178
MGRM	Itriago, Ildefonso	4432 NW 98th Avenue	Miami, Florida 33178

REINSTATEMENT 2001-2002

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

[Signature]

Date 1/4/02

Daytime Phone # (305) 235-3901

Typed or printed name of signing Managing Member/Manager