L99000001040

Florida Department of State

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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LIMITED LIABILITY REINSTATEMENT

MARION PINES INVESTMENT GROUP L.C.

L99-1040

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

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DOCUMENT # L99000001040.

1. Limited Liability Company's Name
MARION PINES INVESTMENT GROUP L.C.

2. Principal Office Address	3. Mailing Office Address
2555-Collins Ave.	SAME.
Suite, Apt. #, etc. 1909	Suite, Apt. #, etc. —
City & State Miami Beach	City & State —
Zip FL / Country DADE.	Zip — / Country —

4. State/Country of Formation: FLA - DADE.
5. Date Organized or Qualified To Do Business in Florida: 2-24-99
6. FEI Number: 65-0903548. ☐ 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: ORLANDO ALVAREZ
Street Address (P.O. Box Number Is Not Acceptable): 2555-Collins Ave.
Suite, Apt. #, Etc.: #1909
City: Miami Beach | State: FL | Zip Code: 33140.

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: Orlando Alvarez (REGISTERED AGENT MUST SIGN) Date: 11-17-00

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	ORLANDO ALVAREZ	2555-Collins Ave.	Miami Beach FL 33140
MGR	GUILLERMO DEL RIO.	2555-Collins Ave.	Miami Beach FL 33140
MGR	FRANKLYN DEL RIO.		
MGR	ANGEL REYES	2555-Collins Ave.	Miami Beach FL 33140
MGR	MIKE REYES		
MGR	IVAN DEL RIO.	2555-Collins Ave.	Miami Beach FL 33140
MGR	JORGE HURTADO	2555-Collins Ave.	Miami Beach FL 33140

REINSTATEMENT 2000

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: Orlando Alvarez Date: 11-17-00 Daytime Phone # (305) 793-6450

Typed or printed name of signing Managing Member/Manager: ORLANDO ALVAREZ

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