

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # L99000003364

1. Limited Liability Company's Name

PENSION FUND OF AMERICA L.C.

2. Principal Office Address

2655 LE JEUNE RD.

Suite, Apt. #, etc.

PH 1-C

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6-10-99

6. FEI Number

65-0954775

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

Luis M. Cornide

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

2655 Le Jeune Rd.

Suite, Apt. #, Etc.

PH 1-C

City

Coral Gables

State
FL

Zip Code

33134

500003459305

-11/09/00-01096-007

****150.00 ****150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-23-00

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
M	Luis M. Cornide	2655 Le Jeune Rd. #PH 1-C	Coral Gables, FL 33134
M	Robert de la Riva	2655 Le Jeune Rd. #PH 1-C	Coral Gables, FL 33134

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 10-23-00

Daytime Phone

(305) 774 1404

Typed or printed name of signing Managing Member/Manager

Luis M. Cornide