PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 25 AM 8:17

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000004278

1. Limited Liability Company's Name

CETA, L.C.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 520293	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33172-0293 Country: U.S.	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/12/1999

6. FEI Number: 65-0935030 ☐ 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: Adam R. Schiffman, Esquire

Street Address (P.O. Box Number is Not Acceptable): 2999 N.E. 191 Street

200029384032
02/25/04--01016--001 **200.00

Suite, Apt. #, Etc.: 900

City: Aventura State: FL Zip Code: 33180

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 2/16/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr/M	Catalina E. Botero De Green	1720 N.W. 96th Avenue	Miami, Florida
		REINSTATEMENT 03-04	
			dcc

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 X Catalina B de Green Date _____ Daytime Phone # (305) 682-1328

Typed or printed name of signing Managing Member/Manager Catalina E. Botero De Green