

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 OCT 26 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162076105
10/23/09--01028--017 **546.255

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000002613
1. Limited Liability Company's Name
COMPASS GROUP LLC

2. Principal Office Address - No P.O. Box # 135 EAST 57 STREET 30FL Suite, Apt. #, etc.		3. Mailing Office Address <u>135 EAST 57 ST, 30FL</u> Suite, Apt. #, etc.	
City & State NEW YORK, ny		City & State <u>NEW YORK</u>	
Zip 10022	Country USA	Zip <u>10022 NY</u>	Country <u>USA</u>

4. State/Country of Formation
NEW YORK, USA

5. Date Organized or Qualified
To Do Business in Florida 12/18/2000

6. FEI Number
133859813

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
GUILLERMO VERNET

Street Address (P.O. Box Number is Not Acceptable)
501 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.
104

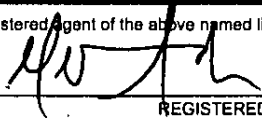
City
MIAMI

State
FL

Zip Code
33131

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 10/15/2009

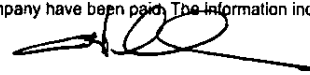
REGISTERED AGENT MUST SIGN

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	ANTONIO VIDAL	135 EAST 57 STREET 30FL	NEW YORK, NY 10022
NGR	JORGE AGUILO	135 EAST 57 STREET 30FL	NEW YORK, NY 10022

REINSTATEMENT 07-09 AL

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  Date 10/16/2009 Daytime Phone # 212 355 3239

Typed or printed name of signing Managing Member/Manager ANTONIO VIDAL