PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # M02000001980

1. Limited Liability Company's Name
SANTA LUZIA, LLC

10/28 2003

2. Principal Office Address	3. Mailing Office Address
1543 PHANTOM AVE	P.O. BOX 7796
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAN JOSE, CA	City & State: Port St. Lucie FL
Zip: 95125 Country:	Zip: 34985 Country:

4. State/Country of Formation: CA
5. Date Organized or Qualified To Do Business in Florida: 07-30-2002
6. FEI Number: 48-1256280 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Ward Snyder
Street Address (P.O. Box Number is Not Acceptable): 6698 S US Highway 1
Suite, Apt. #, Etc.:
City: Port St. Lucie State: FL Zip Code: 34952

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: X Ward L REGISTERED AGENT MUST SIGN Date: X 10/20/03

DR2E041 (10/02)

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	RODRIGUES, HORACIO	1543 PHANTOM AVE	SAN JOSE, CA 95125

REINSTATEMENT 2003

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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: Horacio Rodrigues Date: 10-18-03 Daytime Phone #: 408-667-1301

Typed or printed name of signing Managing Member/Manager: