PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 20 PM 1:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # M02000002906

Name and Mailing Address

0005783 01 AT 0.292 **AUTO T3 0 0615 33129-240828

PORRATA GROUP LLC
ALEJANDRO PORRATA
2333 BRICKELL AVE., PH-103
MIAMI FL 33129-2408

7/20

CR2E034 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida 11/01/2002

Principal Place of Business
ALEJANDRO PORRATA
2333 BRICKELL AVE., PH-103
MIAMI FL 33129

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
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

PORRATA, ALEJANDRO
2333 BRICKELL AVE., PH-103
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. 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 7/14/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PORRATA, ALEJANDRO	2333 BRICKELL AVE., PH-103	MIAMI FL 33129

000039317630
07/20/04--01004--002 **205.00

REINSTATEMENT 2003-2004

12. 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/Manage _____ Date 7/14/04 Daytime Phone # 305-926-5036

Typed or printed name of signing Managing Member/Manager Alejandro A. Porrata