

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 29 AM 10:54

DOCUMENT # M02000002906

1. Limited Liability Company's Name

Porrata Group, LLC

200080308412
09/29/06--01054--019 **200.00

CR2E041 (8/05)

2. Principal Office Address

2333 Brickell Ave

Suite, Apt. #, etc.

#PH103

City & State

Miami, FL

Zip

33129

Country

USA

3. Mailing Office Address

3881 NWS 8th St.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

11/1/2002

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

Name

Porrata Group LLC / Alejandro Porrata

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

2333 Brickell Ave.

Suite, Apt. #, Etc.

#PH103

City

Miami

State

FL

Zip Code

33129

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 09/26/06

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
<u>DR</u>	<u>Humberto Porrata</u>	<u>1429 Greentree Trail</u>	<u>Wellington, FL 33414</u>

REINSTATEMENT 05-06

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 09/26/06

Daytime Phone # 561-676-3287

Typed or printed name of signing Managing Member/Manager

Alejandro Porrata