PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000004285

1. Limited Liability Company's Name
PAN AMERICAN FINANCE, LLC

04 BK

2. Principal Office Address		**3.** Mailing Office Address	
601 Brickell Key Drive		601 Brickell Key Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 600		Suite 600	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 12/24/2003

6. FEI Number 20-0233788 ☐ 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: American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): One SE Third Avenue

Suite, Apt. #, Etc.: Suite 2700

City: Miami | State: FL | Zip Code: 33131

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: Rosa Wong, Assistant Secretary — Rosa Wong — REGISTERED AGENT MUST SIGN

Date: 7/25/05

CR2E041 (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
MGR	Ralph von Specht	601 Brickell Key Drive, Suite 600	Miami, Florida 33131
MGR	Benjamin S. Moody	601 Brickell Key Drive, Suite 600	Miami, Florida 33131

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REINSTATEMENT 2004-2005

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: BSM Moody — Date: 7-22-05 — Daytime Phone #: (305) 577-9799

Typed or printed name of signing Managing Member/Manager: BENJAMIN S. MOODY