PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 APR -5 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/02/10--01032--010 **377.50

CR2E041 (11/09)

DOCUMENT # M07000006251

1. Limited Liability Company's Name
CIMA CAPITAL PARTNERS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
110 Merrick WAY	110 Merrick Way
Suite, Apt. #, etc. Suite 2A	Suite, Apt. #, etc. Suite 2A
City & State Coral Gables, FL.	City & State Coral Gables, Florida
Zip 33134 Country USA	Zip 33134 Country USA

4. State/Country of Formation DELAWARE

5. Date Organized or Qualified To Do Business in Florida January 10, 2003

6. FEI Number 56-2342444 ☐ 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: Rinaldo Cartaya
Street Address (P.O. Box Number is Not Acceptable): 110 Merrick Way
Suite, Apt. #, Etc.: Suite 2A
City: Coral Gables State: FL Zip Code: 33134

☐ 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 3/31/10
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
MANAGER	Rinaldo Cartaya	110 Merrick Way Suite 2A	Coral Gables, Florida 33134
	REINSTATEMENT -08-10		

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11. E-mail Address: RCartaya@CIMACP.com
(To be used for future annual report notifications)

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/Manager _____ Date 3/31/10 Daytime Phone # 305-442-4531

Typed or printed name of signing Managing Member/Manager _____