


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 JAN 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011059

1. Limited Liability Company's Name

Hergo Enterprises, Corp.

2. Principal Office Address

8625 SW 152 AVE.
Suite, Apt. #, etc.
240

City & State

MIAMI FL

Zip

33193

Country

USA

3. Mailing Office Address

8625 SW 152 AVE
Suite, Apt. #, etc.
240

City & State

MIAMI FL

Zip

33193

Country

USA

4. State/Country of Formation

MIAMI Florida

5. Date Organized or Qualified
To Do Business in Florida

1/30/2002

6. FEL Number

65-1134923

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

Lavidania Peña

200046084752

02/07/05--01029--012 **1050.00

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

15638 SW 98 TE

Suite, Apt. #, Etc.

City

MIAMI

REINSTATEMENT

03-05

FL

Zip Code

33196

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

Lavidania Peña

Date

12/21/04

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
<u>PSD</u>	<u>CESAI GOMEZ</u>	<u>8625 SW 152 AVE</u> <u>#240 N</u>	<u>MIAMI FL 33193</u>
<u>V</u>	<u>HAYLEI SALAZAR</u>	<u>8625 SW 152 AVE</u> <u>#240</u>	<u>MIAMI FL 33193</u>

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

Jan. 4/05

Daytime Phone #

786-486-6839

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)