


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 30 PM 2:24

CR2E041 (12/07)

COMPANY
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05 0000 28344

1. Limited Liability Company's Name

TERRA 8B, INC.

2. Principal Office Address - No P.O. Box #

2605 Ponce de Leon Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2605 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

04/13/2005

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

JONATHAN M. DRUCKER, P.A.

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

2605 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

☒ A ~~\$100~~ ^{\$600} 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. ^{\$600}

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 4/28/08

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
PD	FRANCISCO J. GARCIA ZALVIDEA	<u>2605 Ponce de Leon Blvd</u>	<u>Coral Gables, FL 33134</u>
		<u>B 7/1/08</u>	
		<u>06-08</u>	
		<u>500127568425</u>	<u>04/30/08-01067-005 **238.75</u>
		<u>500127568425</u>	<u>07/02/08-01013-005 **211.25</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 4/28/08

Daytime Phone # (305) 441-7091

Typed or printed name of signing Managing Member/Manager

Francisco J. Garcia