


# L03000005973

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED STATE  
 SECRETARY OF CORPORATIONS  
 DIVISION OF CORPORATIONS  
 09 OCT - 8 PM 2:35

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

**DOCUMENT #** L03000005973  
 1. Limited Liability Company's Name  
 PARK ROYAL, L.L.C. PK  
06

000161493950  
 10/08/09--01005--011 \*\*\$55.00  
 CR2E04 (10/08)

2. Principal Office Address - Ho P.O. Box #  
 2320 Ponce De Leon Blvd.  
 Suite, Apt. #, etc.

3. Mailing Office Address  
 Same As Principal office.  
 Suite, Apt. #, etc.

City & State  
 Coral Gables, FL

Zip Country Zip Country  
 33134 USA

4. State/Country of Formation  
 STATE OF FLORIDA

5. Date Organized or Qualified To Do Business in Florida  
 2/18/2003

6. FEI Number  Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED  **\$5.00 Additional Fee Required for a Certificate of Status**

B. Name and Address of Current Registered Agent

Name  
 OSCAR J. VILA, ESQ./VILA, PADRON & DIAZ

Street Address (P.O. Box Number is Not Acceptable)  
 2320 Ponce De Leon Boulevard PK

Suite, Apt. #, Etc.

City State Zip Code  
 Coral Gables FL 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.

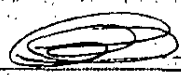
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Oscar J. Vila PK Date 10/05/2009  
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles                  | Name of Managing Member/Manager  | Street Address of Each Managing Member/Manager | City / State / Zip      |
|-------------------------|----------------------------------|--|-------------------------|
| MGR                     | Pablo Ignacio Gonzalez Carbonell | Insurgentes Sur 1999 Colonia Guadalupe Inn     | Mexico, D.F. C.P. 01020 |
| REINSTATEMENT 2006-2009 |                                  |  |                         |

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 603.406, F.S., and that all taxes 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 10/05/2009 Daytime Phone # 305)461-4888  
 Typed or printed name of signing Managing Member/Manager: Pablo Ignacio Gonzalez Carbonell