

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2022 SEP 12 PM 12:07

DOCUMENT # L01000020191

1. Limited Liability Company's Name

NECA I BLDG., LLC

300394885463  
09/21/22--01022--001 \*\*30.00

300394885463  
09/21/22--01022--002 \*\*3013.75

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

2660 W. 76TH STREET

Suite, Apt. # etc

City & State  
HIALEAH, FLORIDA

Zip Country  
33014 US

3. Mailing Office Address

8145 W. 28TH AVENUE

Suite, Apt. # etc

#204

City & State  
HIALEAH, FLORIDA

Zip Country  
33016 US

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11/21/2001

6. FEI Number

59-2034957

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

CARLOS M. MARTINEZ

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

960 LUGO AVENUE

Apt. #, Etc

City

CORAL GABLES

State

FL

Zip Code

33154

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

8/24/22

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	CARLOS M. MARTINEZ	960 LUGO AVENUE	CORAL GABLES, FLORIDA 33154
MGR	NESTOR A. MARTINEZ	8145 W. 28TH AVENUE, #204	HIALEAH, FLORIDA 33016

SEP 12 2022

R. HUNT

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

8/24/22

Daytime Phone #

(954) 9222811

Typed or printed name of signing authorized representative/member

Myriam K. Louis