

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 NOV 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021040

Name and Mailing Address

0008517 01 FP 0.352 **PRSRT H6 0 0615 33134-531015



ALVAREZ & TAYLOR, L.L.C.

95 MERRICK

SUITE 440

CORAL GABLES FL 33134-5310

600009044946

11/18/02--01037--004 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

95 MERRICK

SUITE 440

CORAL GABLES FL 33134

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/05/2001

6. FEI Number

591004604

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

ALVAREZ, BENJAMIN R

95 MERRICK

SUITE 440

CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

11/14/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BENJAMIN R. ALVAREZ, ESQ. 95 MERRICK WAY, #440 CORAL GABLES, FL 33134	95 MERRICK WAY SUITE 440	Coral Gables, FL 33134
MGR	STEPHEN A. TAYLOR, ESQ. 95 MERRICK WAY #4 CORAL GABLES, FL 33134	95 MERRICK WAY SUITE 440	Coral Gables, FL 33134
MGR	RONIEL RODRIGUEZ, IV, ESQ. 95 MERRICK WAY, #440 CORAL GABLES, FL 33134	95 MERRICK WAY SUITE 440	Coral Gables, FL 33134

REINSTATEMENT

[Signature]

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

[Signature]

Date

11/14/02

Daytime Phone #

305-446-0100

Typed or printed name of signing Managing Member/Manager