


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

|  |   |
|--|---|
| <b>DOCUMENT # L02000017178</b><br>1. Entity Name<br>ALVAREZ, ROJAS & NONES CPAS, LLC |  |
|--|---|

FILED  
 07 OCT -9 PM 2: 25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>1985 NW 88 COURT, STE 201<br>MIAMI, FL 33172 | Mailing Address<br>1985 NW 88 COURT, STE 201<br>MIAMI, FL 33172 |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

09262007 REIN-LLC CR2E101 (1/07)

|   |  |
|---|--|
| 4. FEI Number<br>04-3702039                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>ALVAREZ & ASSOCIATES CPA'S, PA<br>1985 NW 88 COURT, STE 201<br>MIAMI, FL 33172 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |
|--|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE See below DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After January 1, 2008, Fee will be \$200.00 | Make check payable to<br><b>Florida Department of State</b> |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS |  | 10. ADDITIONS/CHANGES |   |
|------------------------------|--|-----------------------|---|
| TITLE                        | MGRM<br>ALVAREZ & ASSOCIATES CPA'S, P.A. <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | 1985 NW 88 COURT, SUITE 201  | NAME                  | 300110176283  |
| STREET ADDRESS               | MIAMI, FL 33172  | STREET ADDRESS        | 10/02/07--01023--007 **150.00                                     |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | MGRM <input type="checkbox"/> Delete                                     | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | ROJAS, A.M. P.A.   | NAME                  |   |
| STREET ADDRESS               | 1985 NW 88 COURT, STE 201  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | MIAMI, FL 33172  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |

## REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alvarez Date: 9/27/07 Daytime Phone #: 305-471-8929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE