L02000018452

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -7 PM 12:34

CR2E041 (11/09)

DOCUMENT # L02000018452

1. Limited Liability Company's Name

Los Andes LLC

09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12205 SW 131 ave	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State:
Zip: 33186 Country:	Zip: Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7-22-2002

6. FEI Number: 11-3643515 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: Andres Rodriguez

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

Suite, Apt. #, Etc: 150 SE 2 ave. Ste.: 1110

City: Miami State: FL Zip Code: 33131

700209976267
07/14/11--01001--009 **100.00

700209976267
07/14/11--01001--010 **441.25

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

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
MGRM	Jose Miguel Mendez	12205 SW 131 ave	Miami, FL 33186
MGRM	Jose Mendez Landaeta	12205 SW 131 ave	miami, FL 33186

REINSTATEMENT 2009-2011

11. E-mail Address _____ (To be used for future annual report notifications)

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 608.405, 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: Jose Miguel Mendez Date: _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: _____