

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 AUG -5 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000006675

1. Limited Liability Company's Name

HERRADA REALTY, LLC.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1500 WEST 21st STREET		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH		City & State MIAMI BEACH	
Zip 33140	Country	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/01/03	
6. FEI Number L03000006675	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ANDRES HERRADA		
Street Address (P.O. Box Number is Not Acceptable) 1500 WEST 21st STREET		
Suite, Apt. #, Etc.		
City MIAMI BEACH	State FL	Zip Code 33140

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 *Andres Herrada* Date 7/31/08  
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
MGR	ANDRES HERRADA	1500 WEST 21st STREET	MIAMI BEACH, FL 33140
MGR	PEDRO HERRADA	1500 WEST 21st STREET	MIAMI BEACH, FL 33140
			000133997460 08/04/08--01027--007 **266.25
			000133090572 07/17/08--01036--012 **288.75
			REINSTATEMENT 05-08
			108-35251

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 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 *Andres Herrada* Date 7/14/08 Daytime Phone# \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager ANDRES HERRADA