


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 13 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/17/07--01030--011 **205.00

CR2E041 (1/07)

DOCUMENT # L04000006134

1. Limited Liability Company's Name
Majo V. LLC

2. Principal Office Address - No P.O. Box # <u>14160 Palmetto Frontage Rd</u> Suite, Apt. #, etc. <u>#10</u> City & State <u>Miami Lakes, FL</u> Zip <u>33016</u> Country <u>Miami Dade</u>		3. Mailing Office Address <u>14160 Palmetto Frontage Rd.</u> Suite, Apt. #, etc. <u>#10</u> City & State <u>Miami Lakes, FL</u> Zip <u>33016</u> Country <u>Miami Dade</u>	
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4. State/Country of Formation <u>FL, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1.23.04</u>	
6. FEI Number <u>20-0749768</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Alejandro V. Larello, Esq.

Street Address (P.O. Box Number is Not Acceptable)
14160 Palmetto Frontage Rd.

Suite, Apt. #, Etc.
#10

City
Miami Lakes State
FL Zip Code
33016

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 [Signature] Date 6/18/07

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
VP	Alexander Vega	14160 Palmetto Frontage Rd	Miami , FL 33016
P	Marty Capparos	14160 Palmetto Frontage Rd	Miami Lakes, FL 33016
D	Julio Robaina	14160 Palmetto Frontage Rd.	Miami Lakes, FL 33016
S	Otto Rodriguez	14160 Palmetto Frontage Rd.	Miami Lakes, FL 33016

REINSTATEMENT

05, 06

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 [Signature] Date 6.28.07 Daytime Phone # 305 827 5665

Typed or printed name of signing Managing Member/Manager Alexander Vega