

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.04000069881

1. Limited Liability Company's Name

104 SHOPS, L.L.C.

2. Principal Office Address - No P.O. Box #

9263 SW 136 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Juan Osorno

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

9263 SW 136 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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**

REGISTERED AGENT MUST SIGN

Date

June 1, 2009

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	Juan Osorno	9263 SW 136 Terrace	Miami, FL 33176

REINSTATEMENT 2007-2009

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

Date

6/1/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Juan Osorno

FILED

09 JUN -2 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000156686350
06/02/09--01038--004 **516.25

CR2E041 (10/08)

4. State/Country of Formation
FL

**5. Date Organized or Qualified
To Do Business in Florida** 09/24/2004

6. FEI Number

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.