

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 15 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000032984**

1. Limited Liability Company's Name

Ruiz & Guerra Processing, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 11450 NW 60th Terr		3. Mailing Office Address Same	
Suite, Apt. #, etc. 293		Suite, Apt. #, etc. Same	
City & State Doral, Florida		City & State Same	
Zip 33178	Country USA	Zip Same	Country Same

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/05/2005	
6. FEI Number 202620405	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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
Dahyana Juarez

Street Address (P.O. Box Number is Not Acceptable)
11450 NW 60th Terr

Suite, Apt. #, Etc.
293

City Doral	State FL	Zip Code 33178
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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 **06/29/2010**

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	Dahyana Juarez	11450 NW 60th Terr 293	Doral, Florida 33178
	[REDACTED]		L. SELLERS JUL 16 2010
REINSTATEMENT 08-2010			EXAMINER

11. E-mail Address: dahyanaruiz@yahoo.com (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 608.406, 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 **06/29/2010** Daytime Phone # **(786) 316-3940**

Typed or printed name of signing Managing Member/Manager _____