

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 05000051405

1. Limited Liability Company's Name

Sieckel LLC

CR2E041 (1/07)

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

445 SW 11 St

3. Mailing Office Address

445 SW 11St

Suite, Apt. #, etc.

#305

Suite, Apt. #, etc.

#305

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33130

Country

USA

Zip

33130

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida

5/18/2005

6. FEI Number

20-2838850

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Adrian Sieckel

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

445 SW 11st.

Suite, Apt. #, Etc.

#305

City

Miami, Florida

State

FL

Zip Code

33130

☒ 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

REGISTERED AGENT MUST SIGN

Date Dec 17 2007

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	Adrian Sieckel	445 SW 11st, #305	Miami, Florida 33130
		Natalia M. Argueta My Commission DD273744 Expires January 20, 2008	100113435961 12/27/07--01029--003 **205.00

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 12/17/2007

Daytime Phone # 305 491 1459

Typed or printed name of signing Managing Member/Manager Adrian Sieckel