

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -3 PM 1:49

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000069946

1. Limited Liability Company's Name

Vallejo Iregui Real Estate, LLC

CR2E041 (12/07)

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

6840 Nova Drive

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33317

Country

Broward

3. Mailing Office Address

6840 Nova Drive

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33317

Country

Broward

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

07/18/2005

6. FEI Number

☒ 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

Juan Pablo Vallejo

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

6840 Nova Drive

Suite, Apt. #, Etc.

City

Davie, FL

State

FL

Zip Code

33317

☐ 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

Juan Pablo Vallejo

Date 02-06-2008

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
MNG	Juan Pablo Vallejo	6840 Nova Drive	Davie, FL 33317

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REINSTATEMENT 2006-08

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

Juan Pablo Vallejo

Date 02-08-07

Daytime Phone# 786 234-0699

Typed or printed name of signing Managing Member/Manager