

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED

14 MAR -5 PM 2: 58

SECRETARY OF STATE
FLORIDA

200256773502
03/05/14--01025--017 **177.50
CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000110141**

1. Limited Liability Company's Name
The Matrix Group 2005 LLC

2. Principal Office Address - No P.O. Box # 11402 NW 41st Street		3. Mailing Office Address 11402 NW 41st Street	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State Miami, FL		City & State Miami, FL	
Zip 33178	Country USA	Zip 33178	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
11/14/2005

6. FEI Number 20-3782787	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Manuel J. Vadillo, Esq

Street Address (P.O. Box Number is Not Acceptable)
11402 NW 41st Street

Suite, Apt. #, Etc.
Suite 202

City Miami	State FL	Zip Code 33178
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E-mail Address:
200256773502
02/14/14--01027--008 **338.75

mjvadillo@torresvadillolp.com

(To be used for future annual report notices)

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 *Manuel J. Vadillo* Date **2/4/14**

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
MGRM	Victor A. Torres	320 Miracle Mile, Suite 201	Coral Gables, FL 33134
MGRM	Peter Melo	10431 NW 48th Street	Miami, FL 33178

REINSTATEMENT 12-14
5516.25

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager *[Signature]* Date **2/7/14** Daytime Phone # **786 39095980**

Typed or printed name of signing Managing Member/Manager