


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2021 APR 12 11:08

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L10000132200-?

1. Limited Liability Company's Name
MARIPOSA 1E, LLC

100364086891
04/14/21--01004--008 \$236.75

2. Principal Office Address - No P.O. Box # 2001 S. Surf Rd		3. Mailing Office Address 2001 S. Surf Rd	
Suite, Apt. #, etc. Suite 1E		Suite, Apt. #, etc. Suite 1-E	
City & State Hollywood, FL 33019		City & State Hollywood, FL 33019	
Zip	Country	Zip	Country

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/12/2016	
6. FEI Number 37-1952220	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

B. Name and Address of Current Registered Agent

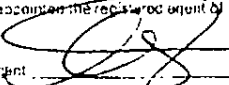
Name
Martha L. Mendez, Esq.

Street Address (P.O. Box Number is Not Acceptable) State
2600 S. Douglas Road

Apt. #, Etc.
Suite 506

City Coral Gables	State FL	Zip Code 33134
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9. I, being authorized the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date **4/5/2021**

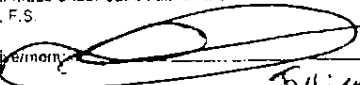
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Julian Perez	2001 S. SURF RD, SUITE 1-E	HOLLYWOOD, FL 33019

11. E-mail Address: martha@fmclawfirm.com (to be used for future annual report notifications)

12. I certify that I am an authorized officer, director, manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date: **4/1/21** Daytime Phone #: _____

Typed or printed name of signing authorized representative/member **Julian Perez**

T MOORE