

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L95000000659

1. Limited Liability Company's Name

HERFA ENTERPRISES, L.C.

2004 APR 26 P 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5000 S. G. ST.
04/26/04--01064--003 **355.00

2. Principal Office Address

912 NW 108TH AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Office Address

912 NW 108TH AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33324

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

08/28/1995

6. FEI Number

65-0610772

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

ALVARO DELGADO

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

16640 SOUTH POST ROAD

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

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 **04/22/2004**

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	HERNANDEZ, RODOLFO	912 NW 108TH AVE	PLANTATION, FL 33324
MGR	FAJARDO PRADO, VIOLETA	912 NW 108TH AVE	PLANTATION, FL 33324

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

04/22/2004

Daytime Phone #

(954) 309-3639

Typed or printed name of signing Managing Member/Manager

RODOLFO HERNANDEZ

CR2E041 (10/02)