

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013990

1. Limited Liability Company's Name

VENEZUELATUYA.COM LLC

2. Principal Office Address

1820 N CORP LAKE BLVD

Suite, Apt. #, etc.

203

City & State

WESTON FL

Zip

33326

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6/7/2002

6. FEI Number

01-0726824

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

BUSINESS FILINGS INCORPORATION 300025348393

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

660 EAST JEFFERSON STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Mah Belfry, SUP

Date

12/5/03

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	HERNAN ROSAS	1820 N CORP LAKE BLVD 5203-WESTON FL 33326	WESTON FL 33326
MGRM	VALMORE RIERA	SAME	" " "
MGRM	RAIZA LIMA	SAME	" " "

REINSTATEMENT

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

Hernan Rosas

Date

11/27/03

Daytime Phone #

954-2178618

Typed or printed name of signing Managing Member/Manager

HERNAN ROSAS

CR2E041 (10/02)