

102000011672

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

04 JAN 21 AM 9:23

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000011672

1. Limited Liability Company's Name

CANOA INVESTMENT L.C.

2. Principal Office Address

13499 Biscayne Blvd

Suite, Apt. #, etc.
#209

City & State

North Miami, FL

Zip

33181

Country

U S A

3. Mailing Office Address

13499 Biscayne Blvd

Suite, Apt. #, etc.
#209

City & State

North Miami, FL

Zip

33181

Country

U S A

4. State/Country of Formation

Florida

U S A

5. Date Organized or Qualified
To Do Business in Florida

5/14/02

6. FEI Number

01-6209583

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee Imposed
for a Serial Copy of Status

8. Name and Address of Current Registered Agent

Name

Mendez & Mendez, P.A.

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

8370 W. Flagler St

State, Apt. #, Etc.

#234

City

Miami

State

FL

Zip Code

33144

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

Date 1/19/2004

REGISTERED AGENT MUST SIGN

10. Names and Street Address of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Guillermo Gutierrez	13499 Biscayne Blvd #209	North Miami, FL 33181

REINSTATEMENT

 1/20/04
108
03-04

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 1/19/04

Daytime Phone # (305) 687-5151

Typed or printed name of signing Managing Member/Manager

Eduardo Mendez

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY REINSTATEMENT

CANOA INVESTMENT L.C.

Certificate of Status	0
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