

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000030339

Name and Mailing Address

0007811 01 AT 0.292 **AUTO T9 0 0615 33185-520830



ENMACA, LLC
4630 S.W. 153 PLACE
MIAMI FL 33185-5208

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 AM 8:12



US

REINSTATEMENT 2003-2004

2. New Mailing Address

City, State, Zip

Principal Place of Business

4630 S.W. 153 PLACE
MIAMI FL 33185
US

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

11/13/2002

6. FEI Number

38-3674002

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

VALLEJO, MAURICIO
4630 S.W. 153 PLACE
MIAMI FL 33185

9. Name and Address of New Registered Agent

Name

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

City

000035846950

Zip Code

05/11/04-01009-018 \$100.00

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/15/03

11. Name and Street Address of Each Managing Member/Manager

Title(s)

Name of Managing
Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MGR

VALLEJO, MAURICIO

4630 S.W. 153 PLACE

MIAMI FL 33185

000026472120

01/08/04 01015 011

100.00

REINSTATEMENT

2003-2004

sent m
1/13/04

12. 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 608.405, 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

SIGNATURE REQUIRED

Date 12/15/03

Daytime Phone # 305-688-1716

Typed or printed name of signing Managing Member/Manager