

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 12 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000031616

1. Limited Liability Company's Name

ARREUG, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

19066 NE 29 AV

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 140641

Suite, Apt. #, etc.

City & State

AVENTURA, FL

City & State

CORAL GABLES, FL

Zip

33180

Country

USA

Zip

33114-0641

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

AVG 20, 2003

6. FEI Number

56-2397144

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

PABLO GUERRA

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

1004 NE 24 AV

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 3-7-07

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
<u>MANAGER</u>	<u>PABLO GUERRA</u>	<u>1004 NE 24 AV</u>	<u>HALLANDALE FL 33009</u>
			<u>300092639293</u>
			<u>03/14/07--01041--024 **255.00</u>

REINSTATEMENT 05-07

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 3-7-07

Daytime Phone # 305-903-0202

Typed or printed name of signing Managing Member/Manager

PABLO GUERRA