

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000065116

1. Limited Liability Company's Name

Hernandez Office, LLC

2. Principal Office Address - No P.O. Box #
12510 Kendall Drive

Suite, Apt. #, etc.

City & State
Miami FL 33186

Zip
33186

Country
USA

3. Mailing Office Address
12510 Kendall Drive

Suite, Apt. #, etc.

City & State
Miami FL 33186

Zip
33186

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **6/30/2005**

6. FEI Number
None

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
G B & B-B Registries, LLC

Street Address (P.O. Box Number is Not Acceptable)
7301 SW 57th Court, Suite 560

Suite, Apt. #, Etc.
Suite 560

City
South Miami

State Zip Code
FL 33143

☐ 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 **10/24/2007**

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	Hernandez Family Holdings, LLC	12510 Kendall Drive	Miami FL 33186

500111460785
10/29/07--01065--009 **205.00

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 **10/24/2007** Daytime Phone # **(305) 279-1505**

Typed or printed name of signing Managing Member/Manager

Dr. Oscar Hernandez, Manager of Hernandez Family Holdings, LLC

GUTTENMACHER, BOHATCH & BARINAGA-BURCH, P.A.

ATTORNEYS AT LAW

SAIDY M. BARINAGA-BURCH*
JOHN S. BOHATCH
EDWARD P. GUTTENMACHER
TIMOTHY L. SMITH**
ADAN A. AULET, JR.

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

*L.L.M. ESTATE PLANNING
**L.L.M. TAXATION

7301 SOUTHWEST 57TH COURT
SUITE 560
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040
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E-MAIL Law@GBTaxLaw.com

KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521
TELEFAX (305) 292-4016

PLEASE REPLY TO:
SOUTH MIAMI

October 26, 2007

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Hernandez Office, LLC

To Whom It May Concern:

I enclose the Hernandez Office, LLC Reinstatement form along with our firm's check in the total amount of \$205.00 (\$200.00 for the reinstatement fee and \$5.00 for the Certificate of Status). Please mail the Certificate of Status to me in the enclosed envelope provided for your convenience.

If you have any questions, please feel free to contact me.

Sincerely,

GUTTENMACHER, BOHATCH &
BARINAGA-BURCH P.A.


JOHN S. BOHATCH

JSB/kgf

Enclosure