

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 14 PM 1:38

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205 000062274

1. Limited Liability Company's Name

FAMVIL INVESTMENTS OF FLORIDA, L.L.C.

CR2E041 (12/07)

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

1820 N CORP LAKES BLVD

Suite, Apt. #, etc.

SUITE 304

City & State

WESTON FL

Zip

33326

Country

USA

3. Mailing Office Address

1820 N CORP LAKES BLVD

Suite, Apt. #, etc.

SUITE 304

City & State

WESTON FL

Zip

33326

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/23/05

6. FEI Number

☒ 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

JOSE C. MARRERO

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

1820 N CORP LAKES BLVD

Suite, Apt. #, Etc.

SUITE 304

City

WESTON

State

FL

Zip Code

33326

☒ 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

Date Apr. 15, 2008

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	RENE VILLA	1820 N. CORP LAKES BLVD., #304	WESTON, FL 33326

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REINSTATEMENT 2006-08

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 Apr. 15, 08 Daytime Phone # 954-217-1907

Typed or printed name of signing Managing Member/Manager

Jose C. Marrero AS ATTORNEY IN FACT FOR Rene Villa