

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

299.50

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 MAR -2 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500171051855  
03/02/10--01045--016 \*\*138.75  
CR2E041 (11/09)

DOCUMENT # L07000114884

1. Limited Liability Company's Name  
Regis 1702 LLC

2. Principal Office Address - No P.O. Box #  
1500 San Remo Avenue

Suite, Apt. #, etc.  
Suite 248

City & State  
Coral Gables, FL

Zip Country  
33146 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
11/14/2007

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  
Pablo R. Bared, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
1500 San Remo Avenue

Suite, Apt. #, Etc.  
Suite 248

City State Zip Code  
Coral Gables FL 33146

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 2/12/2010

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
MEM	Angel Junquera	1500 San Remo Avenue #248	Coral Gables, FL 33146
			02/16/10--01053--007 **555.00

11. E-mail Address: mimi@baredlaw.com

(To be used for future annual report notifications)

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 608.406, 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 2/12/2010 Daytime Phone # 305-666-6010 x12

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_