PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 DEC 29 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Limited Liability Company's Name

0 ANDALUSIA L.L.C.

Principal Office Address - No P.O. Box #	3. Mailing Office Address
66 ALTON ROAD	SAME
e Apt. # etc.	Suite Apt. #, etc.
3, State MI BEACH, FL	City & State MIAMI BEACH, FL
Country 40	Zip 33140 / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florica: 03/14/2003

6. FEI Number: 05-0559053 ☐ 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

ame: RLOS H. GUTIERREZ

eet Address (P.O. Box Number is Not Acceptable) Suite:
ALTON ROAD

t. # Etc

y: MI BEACH | State: FL | Zip Code: 33140

I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

ature of stered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

lames and Street Addresses of Authorized Representatives/Managers

s	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
R	CARLOS H. GUTIERREZ	4466 ALTON ROAD	MIAMI BEACH, FL 33140
R	MILDA T. GUTIERREZ	4466 ALTON ROAD	MIAMI BEACH, FL 33140

ail Address: _____

(To be used for future annual report notifications)

rify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further hat when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 2, 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 ve the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree s provided for in s. 817.155, F.S.

e of authorized representative/member _____ Date _____ Daytime Phone # _____

CARLOS H. GUTIERREZ