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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : TOVAR & COMPANY, P.A.
Account Number : I20010000086
Phone : (954)364-6266
Fax Number : (954)364-6267

LIMITED LIABILITY REINSTATEMENT

PASO FINO JOURNAL, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$155.00

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Division of Corporations

Florida Department of State, Division of Corporations

Electronic Filing

Limited Liability Partnership

Certificate of Status	1
Page Count	02
Corporate Charter Number	L0000000093
Reason for Dissolution	AR
First year corporation failed to file an annual report	2001
Current Annual Report filed?	Yes ○ No ●

01 NOV 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 20

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
PASO FINO JOURNAL, LLC.

2. Principal Office Address	3. Mailing Office Address
8306 Mills Dr.	8306 Mills Dr.
Suite, Apt. #, etc. Nº 362	Suite, Apt. #, etc. Nº 362
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33183 Country USA	Zip 33183 Country

4. State/Country of Formation FLORIDA / USA
5. Date Organized or Qualified To Do Business in Florida 21 JAN 00
6. FEI Number 65-0978995 ☐ 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 G. TOVAR
Street Address (P.O. Box Number is Not Acceptable) 9900 STIRLING ROAD, .
Suite, Apt. #, Etc. SUITE 222
City HOLLYWOOD, State FL Zip Code 33024

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 JOVAR
REGISTERED AGENT MUST SIGN
Date 20 NOV 01

CR2E041 (6/00)

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	ROSALES, VALERIO J.	8306 MILLS Dr. # 362	MIAMI, FLORIDA 33183
MGRM	ROSALES, SORAYA de	8306 Mills Dr. # 362	MIAMI, FLORIDA 33183
MGRM	ROSALES, CLAUDIO	8306 Mills Dr. # 362	MIAMI, FLORIDA 33183

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 20 NOV 01 Daytime Phone (305) 803-8831
Typed or printed name of signing Managing Member/Manager