

Division of Corporations

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L 00000000939

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

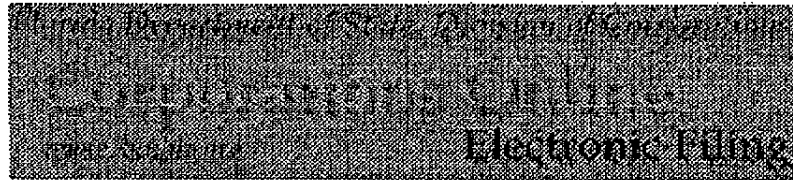
PASO FINO JOURNAL, L.L.C.

Certificate of Status	1
Certified Copy	0
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 TALLAHASSEE, FLORIDA

Division of Corporations

Page 1 of 1



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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LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 NOV 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Limited Liability Company's Name

PASO FINO JOURNAL, LLC

2. Principal Office Address

8306 Mills Dr.

3. Mailing Office Address

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 Addtional 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)

4900 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

REGISTERED AGENT MUST SIGN

Date 20 NOV 01

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 paid, 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 furnished in 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