

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000001061

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT # L00000001061

1. Limited Liability Company's Name

Noavie Holdings, L.C.

2. Principal Office Address

6800 SW 40th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

6800 SW 40th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

1-28-2000

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

Luis A. Alvarez

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

6800 SW 40th Street

Suite, Apt. #, Etc.

S-455

City

Miami,

State
FL

Zip Code
33155

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

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 | Luis A. Alvarez | 6800 SW 40th Street | Miami, FL 33131 |
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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

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)