

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 13 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001184

Name and Mailing Address

0008507 01 FP 0.352 **PRSRT H6 0 0615 33134-647182



MENDIOLA & ASSOCIATES, L.L.C.
3282 RIVIERA DR.
CORAL GABLES FL 33134-6471



2. New Mailing Address

City, State, Zip

Principal Place of Business

3282 RIVIERA DR.
CORAL GABLES FL 33134

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/02/2000

6. FEI Number

65-0977216

Applied For

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

MENDIOLA, MARTIN
3282 RIVIERA DRIVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Mendiola

REGISTERED AGENT MUST SIGN

Date 1-6-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MENDIOLA, MARTIN	3282 RIVIERA DR	CORAL GABLES FL 33134
			400010675174 01/23/03--01072--017 **208.75
			ALI
			REINSTATEMENT 2002-2003

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

Mendiola

Date 1-6-03

Daytime Phone # 305-444 8833

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)