

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 AM 9:33

DOCUMENT # L00000002812

1. Limited Liability Company's Name

Mariscal Properties, L.L.C.

700004777367--9
-01/16/02--01027--025
****150.00 ****150.00

2. Principal Office Address

417 Medici Court

Suite, Apt. #, etc.

3. Mailing Office Address

417 Medici Court

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33950

Country

City & State

Punta Gorda, FL

Zip

33950

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/6/00

6. FEI Number

65-1019909

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 Casanova M.D.

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

417 Medici Court

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

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

[Signature]

Date

12/31/01

REGISTERED AGENT MUST SIGN

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
mgm	Jose Garcia	417 Medici Court	Punta Gorda FL 33950
mgm	Luis Casanova	417 Medici Court	Punta Gorda FL 33950
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			UBR 50
			150 up

REINSTATEMENT 2001

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

[Signature]

Date

Daytime Phone #

941-613-1700

Typed or printed name of signing Managing Member/Manager

LUIS CASANOVA

CR2E041 (9/01)