

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 PM 3:48

CR2E041 (12/07)

DOCUMENT # **L-00000004540**

1. Limited Liability Company's Name

ALONZO International Consulting, L.C.

2. Principal Office Address - No P.O. Box #

6788 NW 17th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

3. Mailing Office Address

6788 NW 17th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/19/2000

6. FEI Number

65 0996403

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

Michelle L. Perdomo, P.A.

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

3675 SW 24 Street

Suite, Apt. #, Etc.

Stop 1

City

Miami

State

FL

Zip Code

33145

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date

9.25.08.

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
MGR	Luisa Alonzo	6788 NW 17th Avenue	Ft. Lauderdale, FL. 33309

800136935618
10/15/08 01003-019 **1072.00

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 **18-09-08**

Daytime Phone # **(954) 979 - 5510**

Typed or printed name of signing Managing Member/Manager **Luisa Alonzo, Managing Member**