

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 AM 9:57

DOCUMENT # L 00000005896

1. Limited Liability Company's Name

MONTEFIORE INVESTMENTS, LLC.

2. Principal Office Address

300 SEVILLA AVE

Suite, Apt. #, etc.

201

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

300 SEVILLA AVE

Suite, Apt. #, etc.

201

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/22/00

6. FEI Number

300068215

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

ALONSO & GARCIA, P.A.

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

300 SEVILLA AVE

Suite, Apt. #, Etc.

201

City

CORAL GABLES, FL

State

FL

Zip Code

33134

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 07/21/05

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	MARGARITA DONADO	300 SEVILLA AVE STE 201	CORAL GABLES, FL 33134

100058353001

08/08/05--01071--006 **250.00

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

7/22/05

Daytime Phone #

773 988 8700

Typed or printed name of signing Managing Member/Manager

MARGARITA DONADO

CR2E041 (10/02)

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