

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 27 AM 8:43

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 00000006173

1. Limited Liability Company's Name

CONINmag LLC

CR2E041 (8/05)

2. Principal Office Address

16741 Royal Poinciana Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

16741 Royal Poinciana Dr.
Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

5-24-2000

6. FEI Number

65-1013600

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00

City & State

Weston FL

City & State

Weston FL

Zip 33326

Country USA

Zip 33326

Country USA

8. Name and Address of Current Registered Agent

Name

Gutierrez, CLARA

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

16741 Royal Poinciana Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

CLARA T. GUTIERREZ

Date 03-16-06

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 |
|----------|--------------------------------------|---|-------------------------|
| <u>P</u> | <u>Gutierrez, CLARA</u> | <u>16741 Royal Poinciana Dr.</u> | <u>Weston, FL 33326</u> |
| <u>P</u> | <u>Gallego, Helia</u> | <u>16741 Royal Poinciana Dr.</u> | <u>Weston, FL 33326</u> |
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04/10/06--01015--023 **250.00

REINSTATEMENT 04-06

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

CLARA T. GUTIERREZ

Date 03-16-06

Daytime Phone # (305) 431-2541

Typed or printed name of signing Managing Member/Manager