

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

10 FEB -4 AM 8:52

DOCUMENT # L 00000006173

1. Limited Liability Company's Name

CONINMAQ LLC.

900167107349
01/25/10--01002--022 **281.50
CR2E041 (11/09)

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

16741 Royal Poinciana Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

16741 Royal Poinciana Dr.

Suite, Apt. #, etc.

City & State

WESTON, Florida

City & State

WESTON, Florida

Zip

33326

Country

U.S.A.

Zip

33326

Country

U.S.A.

4. State/Country of Formation

DADE COUNTY / FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

05 - 24 - 2000

6. FEI Number

651013600

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

CLARA GUTIERREZ

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

16741 Royal Poinciana Dr.

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

☒ 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

CLARA T. GUTIERREZ

REGISTERED AGENT MUST SIGN

Date 01-21-2010

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
P	CLARA T. GUTIERREZ	16741 Royal Poinciana Drive	WESTON, FL - 33326
VP	ANA B. GUTIERREZ	16741 Royal Poinciana Dr.	WESTON, FL - 33326
			02/05/10--01007--002 **139.75
	REINSTATEMENT	2008-2010	

11. E-mail Address: coninmaq@gmail.com

(To be used for future annual report notifications)

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

CLARA T. GUTIERREZ

Date 01-21-10

Daytime Phone # 786 285 3073

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 FEB -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 29, 2010

CONINMAQ L.L.C.
16741 ROYAL POINCIANA DR
WESTON, FL 33326

SUBJECT: CONINMAQ L.L.C.
Ref. Number: L00000006173

We have received your document for CONINMAQ L.L.C. and check(s) totaling \$281.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$139.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 110A00002387