

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

02 MAR -7 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000008999

1. Limited Liability Company's Name

CONSEJEROS HOLDINGS, LLC

2. Principal Office Address

3191 Coral Way

Suite, Apt. #, etc.

Suite 104

City & State

Miami, FL

Zip

33145

Country

Miami-Dade

3. Mailing Office Address

3191 Coral Way

Suite, Apt. #, etc.

Suite 104

City & State

Miami, FL

Zip

33145

Country

Miami-Dade

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

07-27-2000

6. FEI Number

65-1047990

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

Arturo Vinueza

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

3191 Coral Way

Suite, Apt. #, Etc.

Suite 104

City

Miami

State

FL

Zip Code

33145

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****200.00 ****200.00

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

2/25/02

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	Arturo Vinueza	3191 Coral Way Suite 104	Miami, FL 33145

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

2/25/02

Daytime Phone

(305)648 8787

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)