

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**  
01 OCT 29 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000010566

1. Limited Liability Company's Name

TREEGAL ENTERPRISES, L.C.  
20533 BISCAYNE

2. Principal Office Address

2649 S. PARK RD

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Office Address

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 4-456

City & State

AVENTURA, FL 33180

Zip

33180

Country

USA

**REINSTATEMENT 2001**

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/1/2000

6. FEI Number

65-1036594

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA PA

400004676944-0

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

343 ALMERIA AVE

11/13/01-01071-036

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

CORAL GABLES

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

Date

10/26/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles             | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------------------|--------------------------------------|---|--------------------|
| Managing<br>Member | MESOD FORTUNADO BENARACH             | 19101 Mystic Pointe Dr.<br>Suite 2811             | AVENTURA, FL 33180 |
|                    |                                      |   |                    |
|                    |                                      |   |                    |
|                    |                                      |   |                    |
|                    |                                      |   |                    |

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

10/26/2001

Daytime Phone #

(305) 5281002

Typed or printed name of signing Managing Member/Manager