

04-22-2002 13:52

FROM-LAW OFFICES

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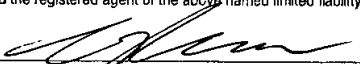
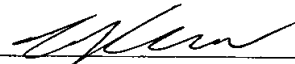
T-893 P.004/005 F-257

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -5, AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA300005763793--3
-06/12/02--01075--009
****205.00 ****205.00

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		DOCUMENT # L 000000 11367	
1. Limited Liability Company's Name VILLALANTE PROPERTIES LLC.			
2. Principal Office Address 7390 SW 154 TERR Suite, Apt. #, etc. City & State MIAMI FL Zip 33157 Country USA		3. Mailing Office Address 7390 SW 154 TERR Suite, Apt. #, etc. City & State MIAMI FL Zip 33157 Country USA	
4. State/Country of Formation DADE		5. Date Organized or Qualified To Do Business in Florida 9/20/2000	
6. FEI Number 65-1105237		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name EGBERT A. GORRA		50.00-CF	
Street Address (P.O. Box Number is Not Acceptable) 7390 SW 154 TERR		150.00-ADM	
Suite, Apt. #, Etc.		5.00-Cent	
City MIAMI		State FL Zip Code 33157	
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 APRIL 30, 2002	
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
MGR	EGBERT A. GORRA	7390 SW 154 TERR	MIAMI, FL, 33157
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 608.408, 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 4/30/02 Daytime Phone # (305) 251-1001	
Typed or printed name of signing Managing Member/Manager EGBERT A. GORRA			

CR2E041 (9/01)

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. VILLALANTE PROPERTIES LLC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:20 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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