

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000012297

03 JAN -2 PM 6:52

1. DOCUMENT # L00000012297

Name and Mailing Address

0001309 01 FP 0.352 **PRSR T4 0 0615 33028-226484



VENEGRIOS VENEZUELA, LLC
13701 NW 4TH STREET, SUITE 309
PEMBROKE PINES FL 33028-2264

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1/2 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/05/2000

Principal Place of Business

13701 NW 4TH STREET, SUITE 309
PEMBROKE PINES FL 33028

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1045163

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

SIDLOSCA, RANDALL L

~~100 SOUTH DISCAYNE BLVD SUITE 800~~

~~MIAMI FL 33191~~

999 PONCE DE LEON BLVD #550
CORAL GABLES, FL. 33134

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 12/30/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SAYAGO, MARIA I	13701 NW 4TH STREET, SUITE 309	PEMBROKE PINES FL 33028
MGR	VALERA, FERNANDO	13701 NW 4TH STREET, SUITE 309	PEMBROKE PINES FL 33028
MGR	VALERA, ALVARO	13701 NW 4TH STREET, SUITE 309	PEMBROKE PINES FL 33028
MGR	RODRIGUEZ, JENNIFER	13701 NW 4TH STREET, SUITE 309	PEMBROKE PINES FL 33028

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

Date 12/30/02

Daytime Phone # 954-4335828

Typed or printed name of signing Managing Member/Manager

Jennifer Rodriguez

CR2E084 (8/02)