

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 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-14397

1. Limited Liability Company's Name

26548 HICKORY, LLC.

2. Principal Office Address

6175 N.W. 167 ST.

Suite, Apt. #, etc.

Unit G-30

City & State

Miami, Florida

Zip

33015

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

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

11/21/2000

6. FEI Number

59-3684384

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

Eduardo E. Robelo

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

6175 N.W. 167 STREET

Suite, Apt. #, Etc.

UNIT G-30

City

Miami

700004659107-2

-10/30/01--01051-005

****150.00 ****150.00

State
FL

Zip Code

33015

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/01

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	Eduardo E. Robelo	704 Zamora Avenue	Coral Gables, FL 33134
MGR	Michael A. Robelo	650 N. Mashta Dr.	Key Biscayne, FL 33149
MGR	ARNOLDO R. Robelo	5831 SW 76 Street	South Miami, FL 33143

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

[Signature]

Date 10/15/01 Daytime Phone # (305) 828-4757

Typed or printed name of signing Managing Member/Manager