

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 NOV 30 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000016328**

1. Limited Liability Company's Name

**B & L Valley Trading, LLC**

**200004717602--7**  
-12/10/01--01119--002  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

**2550 N.W. 72<sup>nd</sup> AV**

Suite, Apt. #, etc.

**216**

City & State

**Miami**

Zip

**33122**

Country

**Dade**

3. Mailing Office Address

**218 Seaview Drive**

Suite, Apt. #, etc.

City & State

**Key Biscayne**

Zip

**33149**

Country

**Dade**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**01-02-01**

6. FEI Number

**65-106-4926**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**Juan CARLOS BUENO**

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

**218 Seaview Drive**

Suite, Apt. #, Etc.

City

**Key Biscayne**

State

**FL**

Zip Code

**33149**

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 **NOV 25/01**

**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    |
|--------|--------------------------------------|---|-----------------------|
| MEM    | Juan CARLOS BUENO                    | 218 Seaview Drive                                 | Key Biscayne FL 33149 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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 **NOV 25/01** Daytime Phone # **305-322-2117**

Typed or printed name of signing Managing Member/Manager