

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 29 PH 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000000943**

1. Limited Liability Company's Name

ALEJO FLORIDA PROPERTIES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
c/o John Alejo
171 S. Hudson Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
c/o John Alejo
171 S. Hudson Avenue
Suite, Apt. #, etc.

City & State
Pasadena, CA

City & State
Pasadena, CA

Zip Country
91101

Zip Country
91101

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
9544839011

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

Esquire Corporate Services, Inc.

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

10 NW Le Jeune Road,

Suite, Apt. #, Etc.

500

City

Miami

State

FL

Zip Code

33126

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

6/18/07

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
MGRM	John Alejo	171 S. Hudson Avenue	Pasadena, CA 91101
MGRM	Enrique J. Alejo	171 S. Hudson Avenue	Pasadena, CA 91101
MGRM	Enrique M. Alejo	171 S. Hudson Avenue	Pasadena, CA 91101
MGRM	Randy M. Alejo	171 S. Hudson Avenue	Pasadena, CA 91101
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REINSTATEMENT 06,07			

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

6-15-07

Daytime Phone #

(626) 564-1100

Typed or printed name of signing Managing Member/Manager