


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**2004**  
**CORPORATION-**  
**REINSTATEMENT**  
**LLC AR**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** L 01000001081

**1. Corporation Name**  
CENNAMO DESIGNS, LLC.

**2. Principal Office Address**  
8341 NW 64 STREET  
Suite, Apt. #, etc.  
**City & State**  
MIAMI, FLORIDA  
**Zip** 33166 **Country** USA

**3. Mailing Office Address**  
8341 NW 64 STREET  
Suite, Apt. #, etc.  
**City & State**  
MIAMI, FLORIDA  
**Zip** 33166 **Country** USA

**FILED**

04 JAN 30 PH 2:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**4. Date Incorporated or Qualified To Do Business in Florida** 01/22/2001

**5. FEI Number** 800027979518 **Applied For**  
☐ **Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

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

**Name** RAFAEL ANTONIO CENNAMO 800027979518

**Street Address (P.O. Box Number is Not Acceptable)** 8341 NW 64 STREET 01/30/04--01062--005 \*\*150.00

**Suite, Apt. #, Etc.**

**City** MIAMI **State** FL **Zip Code** 33166

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent** [Signature] **Date** \_\_\_\_\_

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAFAEL A. CENNAMO	8341 NW 64 STREET	MIAMI, FL. 33166
VP	MARIA L. FLORES	8341 NW 64 STREET	MIAMI, FL. 33166
VP	ANTONIO CENNAMO	8341 NW 64 STREET	MIAMI, FL. 33166

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:** [Signature] **Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 305 406 0085

**Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E081 (10/02)