

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 21 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000002545

1. Limited Liability Company's Name

Inversiones Aluspa, LLC

CR2E041 (8/05)

11/21

2. Principal Office Address

10520 NW 26 St.

Suite, Apt. #, etc.

C 201

City & State

Doral, FL

Zip

33172

Country

U.S.A.

3. Mailing Office Address

10520 NW 26 St.

Suite, Apt. #, etc.

C 201

City & State

Doral, FL

Zip

33172

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

02/19/01

6. FEI Number

65-1076407

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

Cabanas & Associates, P.A.

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

10520 NW 26 St.

Suite, Apt. #, Etc.

C 201

City

Doral

State

FL

Zip Code

33172

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

*Joseph F. Cabanas*

REGISTERED AGENT MUST SIGN

Date 10/11/06

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	Spagnuolo, Luigi	10520 NW 26 St. - C 201	Doral, FL 33172
MGR	SPAGNUOLO, AMALIA	10520 NW 26 St. - C-201	Doral, FL 33172
		500081499455	
		11/29/06--01065--015 **100.00	
		500081499455	
		11/03/06--01034--016 **50.00	

REINSTATEMENT

2004  
2005  
2006

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

*Joseph F. Cabanas*

Date 10/11/06

Daytime Phone # (305) 513 3639

Typed or printed name of signing Managing Member/Manager

Joseph F. Cabanas

November 17, 2006

Ms. Michelle Hodges  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: INVERSIONES ALUSPA, LLC  
Document No. L01000002545

Dear Ms. Hodges:

This is to confirm our conversation of November 16<sup>th</sup>, regarding your letter of the 6<sup>th</sup> of November, copy attached.

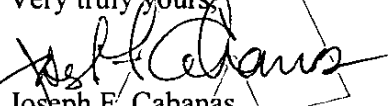
First let me begin by stating that we never received the communications for the years 2004 through 2006. Nevertheless on June 9<sup>th</sup> we sent you our check No. 5705 for \$150.00 to cover the filing fees for three years. Unfortunately, this check was returned, but never received by us, and it is still outstanding at the bank.

Later, in the month of October, by mistake we sent you another check for \$50.00, which I understand has been kept by you.

As agreed, I am now sending you check for \$100.00 to cover the remaining balance and the Reinstatement Report we originally sent you.

I hope that this matter can now be solved and I thank you for your attention to this matter.

Very truly yours,

  
Joseph F. Cabanas  
Registered Agent

Attachments