

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

02 DEC 12 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJH

1. DOCUMENT # L01000002770

Name and Mailing Address

0002630 01 FP 0.352 \*RRSRT T8 0 0615 33166-262170



NEW MACHINERY, L.L.C.  
7070 NW 84 AVE.  
MIAMI FL 33166-2621

400009485434  
12/12/02--01032--004 \*\*150.00



12/12 2002

CR2EC84 (8/02)

2. New Mailing Address

9769 S. Dixie Hw. #101

City, State, Zip

Miami FL 33156

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

02/21/2001

Principal Place of Business

7070 NW 84 AVE.  
MIAMI FL 33163

3. New Principal Place of Business Address

9769 S. Dixie Hw. #101

City, State, Zip

Miami FL 33156

6. FEI Number

☒ 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

GAVIRIA, JORGE  
9769 S. DIXIE HWY.  
SUITE 101  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Dec 9, 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	IMANA DAZA, MARCO A	7070 NW 84 AVE.	MIAMI FL 33163

12. 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager