

L01000004089

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # L01000004089

1. Limited Liability Company's Name

473 Mendoza, LLC.

02

2. Principal Office Address - No P.O. Box #

1790 Coral Way

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/15/2001

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

Name

Harvey Hernandez

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

1790 Coral Way

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33145

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

1/6/09

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	Harvey Hernandez	1790 Coral Way #100	Miami, FL 33145

REINSTATEMENT 2002-2009

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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

1/6/09

Daytime Phone #

(305) 740-0819

Typed or printed name of signing Managing Member/Manager

Harvey Hernandez