

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 PM 4:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000004676

1. Limited Liability Company's Name

AMAZONIA SERVICES LLC

2. Principal Office Address

7275 NW 61 ST

Suite, Apt. #, etc.

3. Mailing Office Address

7275 NW 61 ST

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

03/27/2001

6. FEI Number

65-1104608

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

JOSE IGNACIO MARTINEZ

800027916328

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

14806 SW 90 TERR.

01/30/04--01016--016 **200.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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 01/22/2004

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	MANUEL PARES	7275 NW 61 ST	Miami, FL 33166
MGR	MANUEL OYARZABAL	7275 NW 61 ST	Miami, FL 33166

REINSTATEMENT

03-04

dec

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 01/22/04

Daytime Phone # 305-884-1208

Typed or printed name of signing Managing Member/Manager

MANUEL OYARZABAL

CR2E041 (10/02)