

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000004706

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004706

1. Limited Liability Company's Name
DIAZ & ALEXANDER LLC

200021794382

07/28/03--01005--001 **205.00

2. Principal Office Address
5830 SW 61 STREET

3. Mailing Office Address
5830 SW 61 STREET

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33143

Country
U.S.A.

Zip
33143

Country
U.S.A.

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida **3/27/01**

6. FEI Number **65-1096707**

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
ALEXANDER FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
5830 SW 61 STREET

Suite, Apt. #, Etc.
B

City
MIAMI

State
FL

Zip Code
33143

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 **7/7/03**

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	ALEXANDER FERNANDEZ	5830 SW 61 STREET, # B	MIAMI, FL 33143
MGR	JOSE ANTONIO DIAZ	3326 MARY STREET, SUITE # 603	COCONUT GROVE, FL 33133

REINSTATEMENT 2002-2003

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 **7/7/03**

Daytime Phone# **786-486-5726**

Typed or printed name of signing Managing Member/Manager **ALEXANDER FERNANDEZ**

CR2E041 (10/02)