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**L0100000 6181**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**FILED**

03 MAR 21 AM 10: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**1. DOCUMENT #** L01000006181

Name and Mailing Address

0000128 01 FP 0.352 **PRSRT T1 0 0615 33131-262405

KANOE, L.L.C.
501 BRICKELL KEY DR., STE. 405
MIAMI FL 33131-2624

6000131 38936
02/26/03--01045--018  **155.00

| **2.** New Mailing Address | | **4.** State/Country of Formation |
| --- | --- | --- |
| | | FL |
| City, State, Zip | | **5.** Date Organized or Qualified To Do Business in Florida    04/23/2001 |

| Principal Place of Business | **3.** New Principal Place of Business Address | **6.** FEI Number | Applied For |
| --- | --- | --- | --- |
| 501 BRICKELL KEY DR., STE. 405 MIAMI FL 33131 | City, State, Zip | | ☒ 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 | **9.** Name and Address of New Registered Agent |
| --- | --- |
| EVANS, JAMES C ESQ. CATLIN SAXON TUTLE, ET AL 1700 ALFRED I DUPONT BLDG 169 E FLAGLER ST MIAMI FL 33131-1298 | Name  6000131 38936  Street Address (P.O. Box Number is Not Acceptable) 03/13/03--01006--006  **45.00  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 _____    Date  2/10/03
REGISTERED AGENT MUST SIGN

**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 |
| --- | --- | --- | --- |
| MEM | IGLESIAS, ENRIQUE | 501 BRICKELL KEY DR. #405 | MIAMI FL 33131 |
| MGR | SANCHEZ, JUAN C | 501 BRICKELL KEY DR. #405 | MIAMI FL 33131 |
| MGR | PATTY PRADERE | 501 BRICKELL KEY DR. #405 | MIAMI FL 33131 |
| | | REINSTATEMENT 02-03 | |
| | | | AL |

**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  12/10/2002    Daytime Phone #  305-378-3777

Typed or printed name of signing Managing Member/Manager    JUAN C SANCHEZ