

L01000006927

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000006927 L01000006927

1. Limited Liability Company's Name
ZAR ENGINEERS, LLC

2. Principal Office Address
5600 COLLINS AVENUE

Suite, Apt. #, etc.
10C

City & State
MIAMI BEACH, FL

Zip Country
33140 U.S.A.

3. Mailing Office Address
5600 COLLINS AVENUE

Suite, Apt. #, etc.
10C

City & State
MIAMI BEACH, FL

Zip Country
33140 U/S/A/

4. State/Country of Formation
FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida **04/26/2001**

6. FEI Number **NA/E**

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
NICOLAS CORTAZAR

Street Address (P.O. Box Number is Not Acceptable)
5600 COLLINS AVENUE

Suite, Apt. #, Etc.
10C

City
MIAMI BEACH

State Zip Code
FL 33140

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **10-10-03**

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	GABRIEL CORTAZAR	5600 COLLINS AVENUE, #10C	MIAMI BEACH, FL 33140

REINSTATEMENT

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 *[Signature]*
Typed or printed name of signing Managing Member/Manager **GABRIEL CORTAZAR**

Date **Oct-10/03** Daytime Phone#

FILED
OCT 20 PM 1:48
TALLAHASSEE, FLORIDA

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10/23/03--01003--012 **150.00

CR2041 (10/02)