

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 DEC 28 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007139

1. Limited Liability Company's Name

SCREEN ZONE L.C.

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

801 Brickell Bay Dr.

Suite, Apt. #, etc.

1062

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

801 Brickell Bay Dr.

Suite, Apt. #, etc.

1062

City & State

Miami, FL.

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

5/7/01

6. FEI Number

65-1100896

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

VICTOR HUGO

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

801 Brickell Bay Dr.

Suite, Apt. #, Etc.

1062

City

Miami

State

FL

Zip Code

33131

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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 12/26/07

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
D/M	VICTOR HUGO	801 Brickell Bay DR #1062	Miami, FL. 33131
D/M	LEONOR DE CHIARINI	3RD TRANSC. ED ANYPAULO P.B.	CARACAS, VENEZ
D/M	LUCIANO CHIARINI	3RD TRANSC. ED ANYPAULO P.B.	CARACAS, VENEZ
D/M	NATHALY CHIARINI	3RD TRANSC. ED ANYPAULO P.B.	CARACAS, VENEZ
REINSTATEMENT 2004-2007			

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

12/26/07

Daytime Phone #

(305) 397-3521

Typed or printed name of signing Managing Member/Manager

LUCIANO CHIARINI