


LO1000010714

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 16 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **LO1000010714**

1. Limited Liability Company's Name
BIBLOS INVESTMENTS, LLC

2. Principal Office Address
777 NW 72 AVE
 Suite, Apt. #, etc. **SUITE 2M1**
 City & State **MIAMI FL**
 Zip **33126** Country

3. Mailing Office Address
P.O. BOX 80-1152
 Suite, Apt. #, etc.
 City & State **AVENTURA FL**
 Zip **33180** Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
2001

6. FEL Number
65-1120939

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 FERRANS, C.P.A.**

Street Address (P.O. Box Number is Not Acceptable)
6811 SOUTHWEST 129 AVENUE

Suite, Apt. #, Etc. **APT H2**

City **MIAMI**

State **FL** Zip Code **33183**

000019188950
 05/16/03--01075--011 \$205.00

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 **Jose Ferrans** Date **5/14/03**

REGISTERED AGENT MUST SIGN

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	CONTRERAS, ANDRES	P.O. BOX 80-1152	AVENTURA, FL 33180
MGR	DE CONTRERAS, VERONICA	P.O. BOX 80-1152	AVENTURA, FL 33180
REINSTATEMENT			
AL			

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 **Andres Contreras** Date **10/05/03** Daytime Phone # **305-264-3044**

Typed or printed name of signing Managing Member/Manager **ANDRES CONTRERAS**

CR2E041 (10/02)