


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L01000010968

1. Limited Liability Company's Name

ALVIS ENTERPRISES, LLC

2. Principal Office Address

1230 S.W. 126 PLACE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/Miami-Dade

5. Date Organized or Qualified
To Do Business in Florida

07/06/2001

6. FEI Number

223891799

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

ROMERO, PEDRO

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

1230 S.W. 126 PLACE

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33184

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

P. A. R.

Date 03/08/2006

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
MGRP	ROMERO, PEDRO	1230 S.W. 126 PLACE	Miami, FL 33184
MGRS	HEVIA, GILBERT	5310 NW 104 AVENUE #108	MIAMI FL 33178
MGRM	MARKO, DAVID E	3001 SW THIRD AVENUE	MIAMI FL 33129
MGRM	DE LA O, MIGUEL M	3001 SW THIRD AVENUE	MIAMI FL 33129
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REINSTATEMENT 2004-2006

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

P. A. R.

Date 03/08/2006

Daytime Phone # 305-218-7348

Typed or printed name of signing Managing Member/Manager ROMERO, PEDRO

201000010968

FILED
2006 MAR -9 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2004 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY,



PEDRO ROMERO
PRESIDENT

