

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glen S. Thompson
Secretary of State
BUREAU OF CORPORATIONSAPPROVED
AND
FILED

03 NOV 24 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011880

Name and Mailing Address

0017321 01 FP 0.352 **PRST T3 0 0615 33009

HALLANDALE EXXON 2001, L.L.C.
1080 WEST HALLANDALE B
BLVD
HALLANDALE FL 33009REINSTATEMENT *WBB*

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL5. Date Organized or Qualified
To Do Business in Florida 07/19/2001

Principal Place of Business

1080 WEST HALLANDALE B
BLVD
HALLANDALE FL 33009

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-1123971

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

~~RUBIN, JONATHAN ESQ.~~
~~536 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~*HERBERT*
KAPLOW
410 E HALLANDALE
BEACH BLVD
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name

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

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

REGISTERED AGENT MUST SIGN

Date *11/13/03*

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
MGRM	PINERO HERNANDEZ, OSWALDO RAFAEL	536 BILTMORE WAY	CORAL GABLES FL 33134
MGRM	VASCONCELOS, JOAO AVELINO	536 BILTMORE WAY	CORAL GABLES FL 33134
MGRM	GOMEZ, ANTONIO R	536 BILTMORE WAY	CORAL GABLES FL 33134
MGRM	LOSROQUES, LLC	6595 NW 36 ST STE 304-2	MIAMI FL 33166
700024993027 11/24/03--01125--007 **150.00			
<i>JD</i>			

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

SIGNATURE REQUIRED

Date

11/13/03

Daytime Phone #

954-988-3343

Typed or printed name of signing Managing Member/Manager