

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Barker
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000012435

1. Limited Liability Company's Name

Unit 51, LLC

02 DEC 11 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2. Principal Office Address

4975 SW 148 Ave.

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33330

Country

USA

3. Mailing Office Address

3200 SW 135th Terr.

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33330

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

July 27, 2001

6. FEI Number

651135356

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

Carol Emery

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

3200 SW 135th Terrace

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33330

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

Carol A Emery

REGISTERED AGENT MUST SIGN

Date

12-06-02

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
MMM	<u>Victor Carnero</u>	<u>3200 SW 135 Terr</u>	<u>Davie, Fla 33330</u>
	<u>REMOVED</u>		
	<u>Ricardo Carnero</u>	<u>420 W 29th Street</u>	<u>Hialeah, Fla 33012</u>

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]

Date

12-06-02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)