

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/21/02--01014--002 \*\*8.75

DOCUMENT # L01000014301

1. Limited Liability Company's Name

Anso Investment Group, LLC

2. Principal Office Address

1604 Victoria Pointe Lane

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33327

Country

U.S.A.

3. Mailing Office Address

1604 Victoria Pointe Lane

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33327

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

08/21/2001

6. FEI Number

65-1133877

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

Milton Andrade

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

1604 Victoria Pointe Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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 November 18, 2002

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
MGRM	Milton Andrade	1604 Victoria Pointe Lane	Weston, Florida
MGRM	Angela M. Andrade	1604 Victoria Pointe Lane	Weston, Florida

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 11/18/02

Daytime Phone# (904) 444-9191

Typed or printed name of signing Managing Member/Manager