

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 19 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200181087282
05/19/10--01024--006 **516.25

CR2E041 (11/09)

DOCUMENT # **L01000014423**

1. Limited Liability Company's Name

PUERTO RICO INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

940 NE 79 STREET

Suite, Apt. #, etc.

Suite A

3. Mailing Office Address

P.O. Box 414214

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami BEACH - FL

Zip

33130

Country

DADE

Zip

33141

Country

DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/24/2001

6. FEI Number

65-113-7193

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

Alfred (Fred) MORANA

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

940 NE 79 STREET

Suite, Apt. #, Etc.

Suite A

City

Miami

State

FL

Zip Code

33130

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/18/2010

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	Alfred MORANA	940 NE 79 St. Suite A	Miami FL 33138
MGRM	Carmen MORANA	940 NE 79 St. Suite A	Miami FL 33138
	L. SELLERS		
	MAY 21 2010		
	EXAMINER		
		REINSTATEMENT	08-10

11. E-mail Address: **CARMEN FAMILY RENTAL @VAHOO.COM**

(To be used for future annual report notifications)

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]

Date

5/18/2010

Daytime Phone #

351-609-8537

Typed or printed name of signing Managing Member/Manager