

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 18 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/18/03--01060--007 \*\*200.00

DOCUMENT # L01000014634

1. Limited Liability Company's Name

ALEND CONSULTANTS LLC

2. Principal Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33131

Country

US

3. Mailing Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33131

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified  
To Do Business in Florida

August 28, 2001

6. FEI Number

65-1133521

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

Alvaro Csatillo B., P.A.

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

1390 Brickell Avenue,

Suite, Apt. #, Etc.

Suite 200

City

Miami,

State

FL

Zip Code

33131

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

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	Fidel-Flamini	1390 Brickell Avenue, #200	Miami, Florida 33131

REINSTATEMENT

02-03

AL

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

Fidel Flamini, Managing Member

Date 7/7/03

Daytime Phone # (305) 371-5540

Typed or printed name of signing Managing Member/Manager