

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L 01000015061

1. Limited Liability Company's Name

MARECH, LLC

2. Principal Office Address

16909 NORTH BAY DR

3. Mailing Office Address

17021 NORTH BAY RD

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

414

City & State

SUNNY ISLES, FL

City & State

SUNNY ISLES, FL

Zip

33160

Country

DADE

Zip

33160

Country

DADE

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1134369

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

000035442770

05/05/04--01016--015 **200.00

8. Name and Address of Current Registered Agent

Name

MARIO COSTARELLI

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

17021 NORTH BAY RD

Suite, Apt. #, Etc.

414

City

MIAMI

State

FL

Zip Code

33160

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 **4-29-2004**

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
MGR	COSTARELLI, MARIO	17021 NORTH BAY RD	SUNNY ISLES, FL 33160
MGR	GOTARDO ANA MARIA	17021 NORTH BAY RD	SUNNY ISLES, FL 33160

REINSTATEMENT

2003-04

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 **4-29-2004** Daytime Phone # **786-260-7361**

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)