

LO1000015279

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000015279

1. Limited Liability Company's Name

L.M. LO-MEJOR, L.L.C.

2. Principal Office Address

290 N.W. 165th St.

Suite, Apt. #, etc.

Suite Plaza 100

City & State

Miami, FL 33169

Zip

33169

Country

USA

3. Mailing Office Address

290 N.W. 165th St.

Suite, Apt. #, etc.

Suite Plaza 100

City & State

Miami, FL 33169

Zip

33169

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/6/2001

6. FEI Number

52-2340698

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

Michael Feldenkrais, Esq.

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

201 S. Biscayne Blvd. Ste 3400

Suite, Apt. #, Etc.

Ste. 3400

City

Miami

State

FL

Zip Code

33131-4325

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

12/11/02

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
MGRM	Herminzon Rodriguez	290 N.W. 165th ST. ste 100	Miami, FL 33169

REINSTATEMENT

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager