L01000015386

Name and Mailing Address

FILED

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SECHETARY OF STATE TALLAHASSEE, FLORIDA

Typed or printed name of signing Managing Member/Manager



2. New Mailing Address			4. State/Country of Formation		
			FL		
Chy, state Zip			To Do Business in Florida 09/07/2001		09/07/2001
Principal liface of Business 3. New Principal Place of		ss Address	6. FEI Number	6. FEI Number	
2100 PONCE DE LEON BLVD.					Not Applicable
SUITE 1170-A CORAL GABLES FL 33134	City, State, Zip		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current	9. Name and Address of New Registered Agent				
		Name			
ALONSO-POCH, MAUNEL 2100 PONCE DE LEON BLVD. SUITE 1170-A		Street Address (P.O. Box Numb		cceptable)	
CORAL GABLES FL 33134	·	City			Zip Code
		Oity		FL	
10. I, being appointed the registered agent of the all Signature of	pove named limited liability company,	am familiar with	and accept the obligations o	f Chapter 608, F.S.	
Registered Agent REGISTERED AGENT MUST SIGN			Date 72/3		
11. Names and Street Addresses of Each Managing			and the second of the second o	and the second second	
Title(s) Name of Managing Members/Managers	Name of Managing Str		Address of Each Member/Manager City / State / Zip		te / Zip
MGR EDWIN, RICHARD 2817		17 S.W. 37TH COURT		MIAMI FL 33134	
MGR ALONSO, MANUEL 6100 S.W.		45TH STREET		MIAMI FL 33155	
FENST/	ATEMENT_D			01974E 0108502	5937 5 **150.00
			7000 	19746 -01026001	937 **200.00
12. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath. Signature of Managing Member/Manager	dissolution has been eliminated, the	limited liability co d on this applicati	mpany name satisfies the reconstruction on is true and accurate, and	quirements of section my signature shall ha	608.406, F.S., and that ve the same legal effect