

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 29 AM 10:01

DOCUMENT # L01000015876

1. Limited Liability Company's Name

Banos LLC

W08-20541

900120588319
06/05/08--01037--013 **971.25

900120588319
03/18/08--01012--007 **832.50

CR2E041 (12/07)

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

9559 Collins Ave

Suite, Apt. #, etc.

apt 308 202

City & State

Surfside

Zip

51 33154 Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / Dade

5. Date Organized or Qualified
To Do Business in Florida

9/17/01

6. FEI Number

☒ 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

Teresa Baños

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

9559 Collins Ave Apt 308 202

Suite, Apt. #, Etc.

City

Surfside

State

FL

Zip Code

33154

☒ 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

Teresa Baños

REGISTERED AGENT MUST SIGN

Date 03/11/08

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	Jose Maria Carrera Baños	Reforma 1415	México DF 11000
MGRM	Manuel Carrera Baños	Ruben Dario 223 - 5C	México DF 11580
MGRM	Maria Paloma Carrera Baños	Ruben Dario 223 - 7C	México DF 11580

FF \$971.25

REINSTATEMENT
WOP 02-08

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

Teresa Baños

Date 03/11/08

Daytime Phone# 305-867-6889

Typed or printed name of signing Managing Member/Manager

Teresa Baños

THES