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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L01000016313

Name and Mailing Address

0006727 01 AT 0.292 **AUTO T6 0 0615 33155-488599



HERNANDEZ ENTERPRISES, L.C.
6419 BIRD ROAD
MIAMI FL 33155-4885

MJH



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/24/2001	
Principal Place of Business 6419 BIRD ROAD MIAMI FL 33155	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-2834358	Applied For Not Applicable
8. Name and Address of Current Registered Agent HERNANDEZ, FRANCISCO 2112 COUNTRY CLUB PRADO CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 300024207993	
		10/28/03--01056--009 **150.00	
		City FL	Zip Code
10. 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		Date 10/22/03	
		REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HERNANDEZ, FRANCISCO	2112 COUNTRY PRADO	CORAL GABLES FL 33134
12. 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 10/22/03	
		Daytime Phone # 786-268-0043	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT 2003