

LO1000019390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

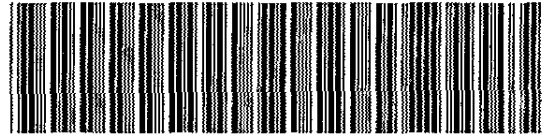
(Business Entity Name)

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TALLAHASSEE, FLORIDA
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VALIDATION ONLY

10-24-02

Vila & Padron, P.A.

Requestor's Name

2100 Salzedo St. #300

Address

Coral Gables, FL 33146

City

State

Zip

Phone

461-4888 C

CORPORATION(S) NAME

Villa Calabria, LLC

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- | | | |
|---|--|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | | |
| ☐ Foreign | ☐ Dissolution | ☐ Mark |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☒ Reinstatement | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Certified Copy | ☐ Photo Copies | ☐ Certificate Under Seal |
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LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Kathorina Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019390

1. Limited Liability Company's Name

VILLA CALABRIA, L.L.C.

2. Principal Office Address

4535 Ponce de Leon Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33146

Country

Dade

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

11/8/01

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒SS 50 and 51 are required
to a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Carlos E. Padron, Esq., (Vila & Padron, P.A.)

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

2100 Saizedo Street

Suite, Apt. #, etc.

Suite 300

City

Coral Gables,

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

10/18/02

Date

REGISTERED AGENT MUST SIGN

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	HARVEY HERNANDEZ	4535 Ponce de Leon Blvd.	Coral Gables, FL 33134

I, I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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

HARVEY HERNANDEZ

Date

10/18/02

Daytime Phone #

305-461-4888

CFR20-04 (8/00)