

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019501

1. Limited Liability Company's Name

Tellenio Technologies LLC
7891 W. Flagler Street
Suite 550
Miami, FL 33144-2303

2. Principal Office Address

7891 W. Flagler Street

Suite, Apt. #, etc.

Suite 550

City & State

Miami, FL

Zip

Country

33144-2303

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/13/2001

6. FEI Number

03-0379799

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

Gerardo Fundora

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

7891 W. Flagler Street

Suite, Apt. #, Etc.

Suite 550

City

Miami

State

FL

Zip Code

33144-2303

000020545670

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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

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	Gerardo Fundora	7891 W. Flagler Street	Miami, FL 33144-2303
MGRM	Ricardo Cabrera	7891 W. Flagler Street	Miami, FL 33144-2303

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 4/30/03

Daytime Phone# 305 558-6020

Typed or printed name of signing Managing Member/Manager Gerardo Fundora

CR2041 (10/02)