

L01000020864

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000020864			
1. Limited Liability Company's Name 123 DISH, LLC			
2. Principal Office Address 7500 NW 25 Street		3. Mailing Office Address SAME ADDRESS	
Suite, Apt. #, etc. Suite 248-249		Suite, Apt. #, etc. 	
City & State Miami - Florida		City & State 	
Zip 33122	Country USA	Zip 	Country
4. State/Country of Formation Florida - USA		5. Date Organized or Qualified To Do Business in Florida 12/04/2001	
6. FEI Number 01-0617805		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 4th Annual Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Quick Accounting Solutions Corp	
Street Address (P.O. Box Number is Not Acceptable) 4815 NW 79 Ave Suite 1	
Suite, Apt. #, Etc. 	
City Miami	State FL
Zip Code 33166	

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: **RICHARDO NAVARRO - MANAGER** Date: **10/24/2003**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Leandro Finol	7500 NW 25 Street Suite 248-249	Miami - Florida 33122
MGR	Jesus Aranguen	7500 NW 25 Street Suite 248-249	Miami - Florida 33122
REINSTATEMENT 2003			800024213218
AK			

11. 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: **Leandro Finol** Date: **10/24/2003** Daytime Phone # **305 651 5000**

Typed or printed name of signing Managing Member/Manager: **Leandro Finol, mgr**

CSC

"CORPORATION SERVICE COMPANY"

LO1000020864

ACCOUNT NO. : 072100000032

REFERENCE : 297568 121767A

AUTHORIZATION : *Patricia Piguit*

COST LIMIT : \$ 180.00

ORDER DATE : October 28, 2003

ORDER TIME : 10:13 AM

ORDER NO. : 297568-015

CUSTOMER NO: 121767A

CUSTOMER: Linda Kerr
Karp & Genauer, P.a.
Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

DOMESTIC FILINGS

NAME: 123 DISH, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____

RECEIVED
03 OCT 28 PM 12:52
DIVISION OF CORPORATION

FILED
03 OCT 28 AM 9:49
TALLAHASSEE, FLORIDA

CCFL - 02598