

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 APR 25 AM 10: 5

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO2000003121**

1. Limited Liability Company's Name

LOPEZ-VELEZ ASSOCIATES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
2126 QUAIL ROOST DRIVE

3. Mailing Office Address  
2126 QUAIL ROOST DRIVE

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.  
N/A

City & State  
WESTON

City & State  
WESTON

Zip  
33327

Country  
USA

Zip  
33327

Country  
USA

4. State/Country of Formation  
FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida 02/08/2002

6. FEI Number  
01-0635662

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  
LUIS FELIPE LOPEZ

Street Address (P.O. Box Number is Not Acceptable)  
8361 NW 28TH STREET

Suite, Apt. #, Etc.  
N/A

City  
SUNRISE

State  
FL

Zip Code  
33322

☒ 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

*L. Felipe Lopez*

REGISTERED AGENT MUST SIGN

Date 04/14/2007

**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	LUIS FELIPE LOPEZ	8361 NW 28TH STREET	SUNRISE, FL 33322
			700101935747 05/09/07--01008--018 **250.00
			REINSTATEMENT 03-07

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

*L. Felipe Lopez*

Date 04/04/2007

Daytime Phone # 954-650-9698

Typed or printed name of signing Managing Member/Manager

LUIS FELIPE LOPEZ