

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 MAY 24 AM 8:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **LL L02000003655**

1. Limited Liability Company's Name

MONET CHARTERS LLC

06/09/03 90004 038 \$50.00

100035443001
05/05/04--01016--023 **150.00

2. Principal Office Address

9330 Northwest 110th Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33178

Country

Miami-Dade

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

February, 14, 2002

6. FEI Number

04-3604664

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 **Rafael Sanchez-Aballi, Esq.**

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

1401 Brickell Avenue

Suite, Apt. #, Etc.

Suite 825

City

Miami

State

FL

Zip Code

33131

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

Rafael Sanchez-Aballi
REGISTERED AGENT MUST SIGN

Date **4/28/04**

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
	Fausto G. Diaz, <i>MGRM</i>	9330 Northwest 110th Ave.	Miami, Florida 33178
	Rosa M. Diaz, <i>MGRM</i>	9330 Northwest 110th Ave.	Miami, Florida 33178

REINSTATEMENT

2003-04

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

Fausto G. Diaz

Date

4/28/04

Daytime Phone #

305-913-0640

Typed or printed name of signing Managing Member/Manager

Fausto G. Diaz

CR2EDM1 (10/02)