

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9/26/03
#312.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 10:32

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000005855

1. Limited Liability Company's Name

N.R. CABRERA MANAGEMENT COMPANY, LLC

2. Principal Office Address

3401 N.W. 82nd Ave.

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL

Zip

33122

Country

US

3. Mailing Office Address

3401 N.W. 82nd Ave.

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL

Zip

33122

Country

US

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

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

03/12/2002

6. FEI Number

01-0630398

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

CABRERA, NELSON R.

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

3401 N.W. 82nd Ave.

Suite, Apt. #, Etc.

Suite 106

City

Miami

State

FL

Zip Code

33122

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

[Handwritten Signature]

Date

06/12/06

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
	NONE		
Member	Nelson Cabrera	10204 SW 115 ct.	Miami, FL 33124

REINSTATEMENT 03-06

700077780647

07/20/05 01043 014 **300.00

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

[Handwritten Signature]

Date

06/12/06

Daytime Phone #

305 803 5042

Typed or printed name of signing Managing Member/Manager

Nelson R. Cabrera