

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 FEB 28 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000006018

1. Limited Liability Company's Name

BENIGNO ZAPATERO WHOLESALERS

2. Principal Office Address - No P.O. Box #

11344 NW 56 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida 03/13/2002

6. FEI Number

☒ 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

CARMEN JOSEPHINE ALVAREZ

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

11344 NW 56 ST

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33178

☐ 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

REGISTERED AGENT MUST SIGN

Date 02/15/2007

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	CRISTINA ALVAREZ	11344 NW 56 ST	MIAMI FL 33178
MGRM	MARINA PERALTA	11344 NW 56 ST	MIAMI FL 33178
MGRM	CARMEN JOSEPHINE ALVAREZ	11344 NW 56 ST	MIAMI FL 33178

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 02/15/2007

Daytime Phone # 786-346 8440

Typed or printed name of signing Managing Member/Manager

CARMEN JOSEPHINE ALVAREZ

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REINSTATEMENT 03-07