

LO2000006604

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO2000006604

1. Limited Liability Company's Name

MONTALTI ENTERPRISES, LLC

2. Principal Office Address

12947 SW 133 Ct

Suite, Apt. #, etc.

City &amp; State

Miami Florida

Zip

33186

Country

USA

3. Mailing Office Address

12947 SW 133 Ct

Suite, Apt. #, etc.

City &amp; State

Miami Florida

Zip

33186

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/20/2002

6. FEI Number

48-1255875

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

Juan A. Montalti

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

12947 SW 133 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Date 10/28/04

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
MGR	Juan A. Montalti	12947 SW 133 Ct	Miami, Fl. 33186
MGR	Mariagnet Diaz	12947 SW 133 Ct	Miami, Fl. 33186

REINSTATEMENT 2004

800042533598

11/05/04--01064--006 \*\*50.00

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

Date 10/28/04

Daytime Phone # (305)968-8401

Typed or printed name of signing Managing Member/Manager

LD2000006604

MONTALTI ENTERPRISES, LLC  
12947 SW 133 CT  
MIAMI, FLORIDA 33186

October 28, 2004

Division of Corporation  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

FILED  
04 NOV - 3 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1<sup>st</sup>, 2004 and neither the Note of Dissolution, because since the beginning of year 2004 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail. As you can see we change our address because we move our offices.. I will appreciate very much if you accept our check in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for year 2004.

I thank you for your cooperation to resolve this matter.

Sincerely your:

  
Juan A. Montalti  
President

BK