

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000008168

1. Limited Liability Company's Name

M.Y. L.L.C

800027309608
01/21/04--01007--029 **100.00

1/21 2003-2004

MJM

2. Principal Office Address

10171 SW 62 St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33173

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/05/2002

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

Maria Elena Vinas

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

10171 SW 62 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

1/15/04

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
MGM	Maria Elena Vinas	10171 SW 62 Street	Miami, FL 33173
MGM	Yalennie Vinas	10171 SW 62 Street	Miami, FL 33173

REINSTATEMENT 2003-2004
w/o Penalty

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

1/15/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Maria Elena Vinas

M. M.

CR2E041 (10/02)

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TURNER & ASSOCIATES, LLP
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

SunTrust International Center
One Southeast Third Avenue
Suite 1440
Miami, Florida 33131

Telephone 305-377-0707
Facsimile 305-377-0787
www.turnercpas.com

January 14, 2004

Uniform Business Report
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32302-1500

Re: M.Y. L.L.C.
Document #L02000008168

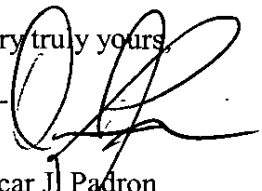
Dear Sir/Madam:

Enclosed is an executed Limited Liability Company Reinstatement for the captioned company.
The annual report and any notices were not received by this company.

We are enclosing our check in the amount of \$100 to cover the fee to reinstate the company.
Please waive any late fees.

Thank you for your consideration in this matter. Should you have any questions, please contact me.

Very truly yours,


Oscar J. Padron
For the firm

OJP/lgl

Enclosures

