

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L020000009654

1. Limited Liability Company's Name

CASTANEDA BUSINESS GROUP, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

11811 SW 173 ST

Suite, Apt. #, etc.

MIAMI - FL.

City & State

Zip

33177

Country

DADE

3. Mailing Office Address

11811 SW 173 ST

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33177

Country

DADE

4. State/Country of Formation

FLORIDA / DADE

5. Date Organized or Qualified  
To Do Business in Florida

02/06/2007

6. FEI Number

01-0675586

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

CASTANEDA, ANTONIO

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

11811 SW 173 ST

Suite, Apt. #, Etc.

MIAMI FL.

City

State

FL

Zip Code

33177

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

*Paula C. Torres*

Date 02/06/2007

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
MBR	ANTONIO CASTANEDA	11811 SW 173 ST	MIAMI / FL. / 33188
MBRM	PAULA C. TORRES	11811 SW 173 ST	MIAMI / FL. / 33188

REINSTATEMENT 03-07

200095254432

02/06/07--01060--001 \*\*350.00

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

*Antonio R. Castaneda*

Date 02/06/2007 Daytime Phone # (305) 301-4924

Typed or printed name of signing Managing Member/Manager

ANTONIO R. CASTANEDA