

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000011020

1. Limited Liability Company's Name

STANI'S GARAGE, LLC.

FILED
10 MAR 23 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200171547072
03/08/10--01083--006 **143.75

CR2E041 (11/09)

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

101 SIDONIA AVENUE

Suite, Apt. #, etc.

203

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Office Address

101 SIDONIA AVENUE

Suite, Apt. #, etc.

203

City & State

CORAL GABLES FL

Zip

33134

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

05.08.2002

6. FEI Number

01-0685333

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

CARLOS HENRIQUES

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

101 SIDONIA AVENUE

Suite, Apt. #, Etc.

203

City

CORAL GABLES

State

FL

Zip Code

33134

☒ 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.

200171547072
03/23/10--01006--021 **95.00

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

CARLOS HENRIQUES
REGISTERED AGENT MUST SIGN

Date

02.18.10

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	CARLOS HENRIQUES	101 SIDONIA AVE # 203	CORAL GABLES FL 33134
MGR	MARIA A CENTENO	101 SIDONIA AVE # 203	CORAL GABLES FL 33134

REINSTATEMENT

11. E-mail Address: STANI@STANISHARAGE.COM

(To be used for future annual report notifications)

12. 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

CARLOS HENRIQUES

Date 02.18.10

Daytime Phone # 305.333.7313

Typed or printed name of signing Managing Member/Manager

N 0 MAR 10 2010