

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000011209 1. Limited Liability Company's Name CHALCHI ENTERPRISES, LLC			
2. Principal Office Address 10300 SW 72 ST. Suite, Apt. #, etc. 470 J City & State MIAMI, FL Zip 33173 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 5/8/02	
6. FE Number 02-0611690		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒			
8. Name and Address of Current Registered Agent Name JOSEPH A PEREIRA, JR Street Address (P.O. Box Number is Not Acceptable) 10300 SW 72 ST Suite, Apt. #, Etc. 470 J 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: <u>Joseph A Pereira Jr</u> Date: <u>5/27/03</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	OLGA C. DIAZ-ORDAZ	6484 Indian Creek DR. # 109	MIAMI BEACH, FL 33141
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 amount for delinquency has been distributed, 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: <u>Olga Diaz Ordaz</u> Date: <u>5/30/03</u> Daytime Phone: _____			
Typed or printed name of signing Managing Member/Manager: <u>OLGA C. DIAZ-ORDAZ</u>			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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