

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 30 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10222007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
04-3693546  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
283 CATALONIA AVE., 2ND FLOOR  
CORAL GABLES, FL 33134

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE D ☐ Delete  
NAME YIDIOS, TEOFILO D  
STREET ADDRESS 9600 NW 25TH STREET SUITE 2F  
CITY-ST-ZIP DORAL, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500111464745  
10/25/07--01073--004 \*\*50.00

TITLE D ☐ Delete  
NAME CARMEN GRAU, MARIA DEL  
STREET ADDRESS 9600 NW 25 ST, STE 2F  
CITY-ST-ZIP DORAL, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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REINSTATEMENT  
2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #