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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

1. DOCUMENT # L02000015493

Name and Mailing Address

0000303 01 AV 0,278 **AUTO T1 0 0615 33131-433299



HOCSMAN CONSULTING, LLC
201 SOUTH BISCAYNE BOULEVARD
28TH FLOOR, SUITE 2824
MIAMI FL 33131-4332



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/20/2002	
Principal Place of Business 201 SOUTH BISCAYNE BOULEVARD 28TH FLOOR, SUITE 2824 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent REYGADAS, JOSE A C/O REYGADAS & ASSOCIATES 201 SOUTH BISCAYNE BOULEVARD, SUITE 2824 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 11/24/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	HERIBERTO HOCSMAN	201 S. BISCAYNE BLVD Suite 2824	MIAMI, FL 33131
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 <i>[Signature]</i> SIGNATURE REQUIRED		Date 11/20/03	Daytime Phone # 3055309155
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT

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