

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APR 13 AM 11:43

SECRETARY OF STATE

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L02000015675

1. Limited Liability Company's Name

VINDEMIA, LLC

2. Principal Office Address

2290 NW 129 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

2290 NW 129 TERRACE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33028

Country

33028

Zip

33028

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

06/21/02

6. FEI Number

13-4210130

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

TRACY D. WEINTRAUB, CPA

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

1551 SAWGRASS CORPORATE PARKWAY,

Suite, Apt. #, Etc.

SUITE 130

City

SUNRISE

State

FL

Zip Code

33323

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

Tracy D. Weintraub

Date

4/4/04

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
MEMB.	GONZALO RANGEL	2290 NW 129 TERRACE	SUNRISE, FL 33028

500032630555
04/13/04--01086--010 **200.00

REINSTATEMENT 2003-2004

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

Date 04/10/04

Daytime Phone# 954 536 6327

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)