

03/17/04 WED 14:54 FAX 305 873300
02/12/04 13:58 FAX 205 1114

CUEVAS & ORTIZ, P.A.
JDA LUGO, FL

0003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Limited Liability Company's Name

J M INMOBILIARIA INTERNATIONAL, L.L.C.

1. Principal Office Address

536 BILTMORE WAY

Suite, Apt. #, etc.

2. Mailing Office Address

536 BILTMORE WAY

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/11/2002

6. FBI Number

02-0638274

Applied For
Not Applicable

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ANDREW CUEVAS, ESQ.

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

536 BILTMORE WAY

Suite, Apt. #, etc.

City

CORAL GABLES

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date

03/17/04

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
MGRM	Judy C. Pinzon	536 BILTMORE WAY	CORAL GABLES, FL 33134
MGRM	Meurcio A. Duque	536 BILTMORE WAY	CORAL GABLES, FL 33134

11. I certify that I am managing member/manager or the secretary 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

Judy C. Pinzon

Date 3/2/4

Daytime Phone # (305) 4619500

Typed or printed name of signing Managing Member/Manager

JUDY C. PINZON

REINSTATEMENT

03-04
9m

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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Account Name : CUEVAS & ORTIZ, P.A.
Account Number : I20030000123
Phone : (305) 461-9500
Fax Number : (305) 448-7300

LIMITED LIABILITY REINSTATEMENT

J M INMOBILIARIA INTERNATIONAL, L.L.C.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 3, 2004

J M INMOBILIARIA INTERNATIONAL, L.L.C.
536 BILTMORE WAY
CORAL GABLES, FL 33134

SUBJECT: J M INMOBILIARIA INTERNATIONAL, L.L.C.
REF: L02000017428

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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