

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019075

1. Limited Liability Company's Name

Eiffel Management LLC

2. Principal Office Address

51 SW 11th street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

734

City & State

Miami

City & State

Zip

33130

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number 16-1621080

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

Matias Bilbao

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

51 SW 11th Street

Suite, Apt. #, Etc.

734

City

Miami

State

FL

Zip Code

33130

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

Matias Bilbao

REGISTERED AGENT MUST SIGN

Date 10/30/03

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
mgm	Matias Bilbao	51 SW 11th Street #734	Miami, FL
mgm	Jose Menendez	51 SW 11th Street #734	Miami, FL
mgm	Allan Schoening	14201 SW 97th Avenue	Miami FL, 33176
mgm	Pablo Reyes	300 Harbor Drive	Miami, FL 33149
mgm	Robert Hernandez	1337 Euclid Avenue Apt 104	Miami Beach, FL 33139
mgm	Monica Flores	1569 Meridian Avenue Apt. 4	Miami Beach, FL 33139

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

Matias Bilbao

Date 10/30/03

Daytime Phone # 305.494.9794

Typed or printed name of signing Managing Member/Manager

Matias Bilbao