

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

03 NOV 20 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000019783

Name and Mailing Address

0007741 01 AT 0.292 **AUTO TS 0 0615 33181-353201



BLONDROX ENTERPRISES, LLC
2350 NE 135TH STREET
#1201
N MIAMI FL 33181-3532

MJH



11/20

2003

CR2E034 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/05/2002

Principal Place of Business

2350 NE 135TH STREET
#1201
N MIAMI FL 33181

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
050525404

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

CARMENATE, ROXANA Y
2350 NE 135TH STREET
#1201
N MIAMI FL 33181

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/20/03

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
MRS.	EMERIDA Puig (MGR)	2350 NE 135 ST #1201 N MIAMI, FL (MGR)	N. Miami, FL 33181 (MGR)
MS.	Roxana Carmenate (MGR)	2350 NE 135TH ST #1201 (MGR)	N. Miami, FL 33181 (MGR)

200024185392
10/28/03--01008--008 **150.00

REINSTATEMENT 2003

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

SIGNATURE REQUIRED

Date 10-21-03 Daytime Phone # 305-940-3473

Typed or printed name of signing Managing Member/Manager

EMERIDA Puig