

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


1 of 2

FILED

04 JUN 28 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100038939621  
07/09/04--01051--003 \*\*100.00

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # LO200009961

1. Limited Liability Company's Name

CELL SERVICE L.L.C.

2. Principal Office Address

8145 HARDING AVE.

Suite, Apt. #, etc.

SUITE - A

City & State

MIAMI BEACH, FL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

55-0789924

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

Zip  
33141

Country  
MIAMI-DADE

Zip

Country

8. Name and Address of Current Registered Agent

Name

PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 240

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

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
MGR	MUTIS, CLARITA	8145 HARDING AVE. SUITE A	MIAMI BEACH, FL 33141
MGR	OROZCO, LUIS CARLOS	2121 PONCE DE LEON BLVD. #240	CORAL GABLES, FL 33134
MGR	GARCIA, FLORENTINO	8145 HARDING AVE. SUITE A	MIAMI BEACH, FL 33141

REINSTATEMENT

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 04.01.04

Daytime Phone #

305 471 8467

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

2 of 2

Do NOT Remove

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CELL SERVICE LLC.**

8145 HARDING AVENUE, SUITE A  
MIAMI BEACH, FLORIDA 33141  
TEL.: 305-867-8106

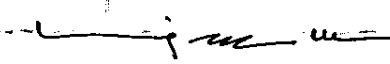
April 1, 2004

Florida Department of Revenue  
Division of Corporations  
Registration Sections  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear,

I did not receive my corporate annual report. Please reinstate my corporation and change my mailing address to the one above. Thank you for your cooperation and understanding of this very important matter.

Respectfully submitted,

  
Florentino Gargia

LO2-19961

Rex