

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:12

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000020104

1. Limited Liability Company's Name

LOUIE BUTCH, L.L.C.

2. Principal Office Address

6140 SW 88th St.

3. Mailing Office Address

6140 SW 88th St.

Suite Apt # etc

Suite Apt # etc

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33156

Country

USA

Zip

33156

Country

USA

CR2E041 (8/05)

5. Date Organized or Qualified
To Do Business in Florida

8/7/02

FEI # 061643943

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

Vezaley, Sabrina

800082333818

6140 SW 88th St.

12/07/06--01004--014 **200.00

Miami, FL 33156

State
FL

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

X *Sabrina Vezaley*

REGISTERED AGENT MUST SIGN

Date X 11/7/06

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	Vezaley Sabrina	6140 SW 88 th St.	Miami, FL 33156
MGR	Guzman, Michael	6140 SW 88 th St.	Miami, FL 33156

05-06

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

X *Sabrina Vezaley*

Date X 11/7/06

Daytime Phone # 305.668.3003