

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 APR 29 PM 1:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022534

1. Limited Liability Company's Name

ZARCO PARTNERS, LLC

2. Principal Office Address

906 AGUERO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

3. Mailing Office Address

906 AGUERO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/29/2002

6. FEI Number

56-2309027

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

GUILLERMO E. SWAIN JR

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

906 AGUERO AVE

100034539081

04/29/04--01012--019 \*\*200.00

Suite, Apt. #, Etc.

City

CORAL GABLES

State  
FL

Zip Code  
33146

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
MGRM	GUILLERMO E. SWAIN JR	906 AGUERO AVE	CORAL GABLES, FL 33146
MGRM	RUBEN RUIZ-VELASCO	9070 SW 165 COURT	MIAMI, FL 33196

**REINSTATEMENT** 2003-04

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 4/23/04

Daytime Phone # (305) 668-5008

Typed or printed name of signing Managing Member/Manager

GUILLERMO E. SWAIN

CR2E041 (10/02)