

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000022804

1. Limited Liability Company's Name

TWOMARIAS LLC.

2. Principal Office Address - No P.O. Box #

881 Ocean Dr A

Suite, Apt. #, etc.

Apt. # 4A

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

881 Ocean Dr I

Suite, Apt. #, etc.

4A

City & State

Key Biscayne, FL

Zip

33149

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

9/3/2002

6. FEI Number

L02000022804

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

GARCIA-OLIVER & MANIERI PA

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

881 Ocean Dr #4A

Suite, Apt. #, Etc.

4A

City

Key Biscayne, FL

State

FL

Zip Code

33149

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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 6/26/09

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
MNG	MARIA ISA2A	881 Ocean Dr # 4A	Key Biscayne, FL 33149
MNG	EDUARDO OROZCO	881 Ocean Dr # 4A	Key Biscayne, FL 33149
REINSTATEMENT 0709			
DB			

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

6/26/09

Daytime Phone #

7863555665

Typed or printed name of signing Managing Member/Manager

EDUARDO OROZCO