

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

04 JUN -4 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO2000026971**

1. Limited Liability Company's Name

1800 CORAL RIDGE, LLC

900037667989
06/04/04--01046--003 **200.00

2. Principal Office Address

18851 NE 29 AV.

Suite, Apt. #, etc.

105

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

18851 N.E. 29 AV.

Suite, Apt. #, etc.

105

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

10/11/02

6. FEI Number

55-0802139

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

PABLO BARREIRO

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

18851 N.E. 29 AV.

Suite, Apt. #, Etc.

105

City

AVENTURA

State

FL

Zip Code

33180

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

Date **06/01/04**

REGISTERED AGENT MUST SIGN

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
MEM	PABLO BARREIRO	18851 N.E. 29 AV. # 105	AVENTURA, FL 33180
MEM	CARLOS COIRA	18851 N.E. 29 AV. # 105	AVENTURA, FL 33180
MEM	JUAN P. LORENZINO	18851 N.E. 29 AV. # 105	AVENTURA, FL 33180

REINSTATEMENT

2003-2004
JB

11. I certify that I am managing member/manager of 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 **06/01/04**

Daytime Phone #

(305) 528-6007

Typed or printed name of signing Managing Member/Manager

PABLO BARREIRO

CR2E041 (10/02)