

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L02000027440

FILED

1. DOCUMENT # L02000027440

Name and Mailing Address

03 DEC 26 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007655 01 AT 0.292 **AUTO T9 0 0615 33180-257899



CONFYPEL, LLC
3500 MYSTIC POINTE DRIVE
TOWER 400 APT. 3004
AVENTURA FL 33180-2578



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/10/2002	
Principal Place of Business 3500 MYSTIC POINTE DRIVE TOWER 400 APT. 3004 AVENTURA FL 33180	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 20-0479131	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 CALVO, LIZABETH F 328 CRANDON BLVD SUITE 226 KEY BISCAVNE FL 33149		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300025760383 12/26/03--01004--015 **150.00 City FL Zip Code	
10. 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 SIGNATURE REQUIRED Date 12-03-2003 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GAINZA PAZ, GUILLERMO JUAN	3500 MYSTIC POINTE DR, TWR 400 APT 3004	AVENTURA FL 33180
MGRM	MARIA MARTA DEUROQUIZA ANCHORENA DEGAJN	3500 MYSTIC POINTE DR, TWR 400 APT 3004	AVENTURA FL 33180
12. 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 SIGNATURE REQUIRED		Date 12-03-03	Daytime Phone #
Typed or printed name of signing Managing Member/Manager			

CR2E094 (7/03)

REINSTATEMENT 03

AL1