

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:27

1. DOCUMENT # L02000028191

Name and Mailing Address

0006998 01 AT 0.292 \*\*AUTO T7 0 0615 33161-593802



MILDRA I, LLC  
1302 NE 125 STREET  
NORTH MIAMI FL 33161-5938



2. New Mailing Address

City, State, Zip

Principal Place of Business

1302 NE 125 STREET  
NORTH MIAMI FL 33161

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/15/2002

6. FEI Number

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

CARLOS A. GIL, P.A.  
3910 WEST FLAGLER STREET  
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name

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

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

REGISTERED AGENT MUST SIGN

Date 11-5-03

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
MGR	CUBAS, MILTON	1302 NE 125 STREET	NORTH MIAMI FL 33161

100024564561  
11/10/03--01064--010 \*\*150.00

REINSTATEMENT

03

Dec

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

11-5-03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)