

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -4 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030041

1. Limited Liability Company's Name
ANFEPA LLC

03

2. Principal Office Address

14211 N. COMMERCE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

BK

Zip

33016

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA-DADE COUNTY

5. Date Organized or Qualified
To Do Business in Florida

11-07-2002

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

800028697198
02/13/04--01008--033 **100.00

8. Name and Address of Current Registered Agent

Name

YORDANIS CENDON

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

14211 N. COMMERCE WAY

Suite, Apt. #, Etc.

City

MIAMI LAKES

State
FL

Zip Code
33016

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

Jordanis Cendon

REGISTERED AGENT MUST SIGN

Date **02-03-2004**

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	YORDANIS CENDON	14211 N. COMMERCE WAY	MIAMI LAKES, FL 33016

REINSTATEMENT

2003-2004

BK

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

Jordanis Cendon

Date **02-03-2004**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L02000030041

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

04-08-04 PM 1:37
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTION I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

Jordanis Cendon

YORDANIS CENDON
PRESIDENT

