PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

L02000030339

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 30 AM 8:12

1. DOCUMENT # L02000030339

Name and Mailing Address

0007811 01 AT 0.292 **AUTO T9 0 0615 33185-520830

ENMACA, LLC
4630 S.W. 153 PLACE
MIAMI FL 33185-5208

US REINSTATEMENT 2003 - 2004

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
11/13/2002

Principal Place of Business
4630 S.W. 153 PLACE
MIAMI FL 33185
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
38-3674002

☐ 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

VALLEJO, MAURICIO
4630 S.W. 153 PLACE
MIAMI FL 33185

9. Name and Address of New Registered Agent

Name

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

City

Zip Code

000035846450
05/11/04--01009--018 **100.00

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 12/15/03.

REGISTERED AGENT MUST SIGN

11. Name and Street Address of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VALLEJO, MAURICIO	4630 S.W. 153 PLACE	MIAMI FL 33185
			D00026472120 01/08/04 01015 011 100.00
			REINSTATEMENT 2003 - 2004
			1/3/04

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 608.405, 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/Manage SIGNATURE REQUIRED Date 12/15/03. Daytime Phone # 305 688-1716

Typed or printed name of signing Managing Member/Manager

631842