

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -5 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000031540**

**1. Limited Liability Company's Name**

LA PERRADA DE CHALO, LLC

**2. Principal Office Address**

3766 W GARDENIA AVE

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33332

Country

BROWARD

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FL, BROWARD

**5. Date Organized or Qualified  
To Do Business in Florida**

11/25/2002

**6. FEI Number**

☒ Applied For

☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

200032633632  
05/05/04--01037--027 \*\*50.00

**8. Name and Address of Current Registered Agent**

Name

ORTEGON, GONZALO

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

3766 W GARDENIA AVE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33332

**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

*Gonzalo Ortegon*  
REGISTERED AGENT MUST SIGN

Date 04/01/2004

**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
MGR	ORTEGON, GONZALO	3766 W GARDENIA AVE	WESTON FL 33332

200032633632  
04/13/04--01038--004 \*\*150.00

**REINSTATEMENT 2003-2004**

**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

*Gonzalo Ortegon* Date 04/01/04

Daytime Phone # 954-358-6983

Typed or printed name of signing Managing Member/Manager

GONZALO ORTEGON