

L02000032205

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -9 PM 2:39

10/09/03

DOCUMENT # L02000032205

1. Limited Liability Company's Name

LANG PRESS, LLC.

**REINSTATEMENT**

2003

300023667033  
10/09/03--01050--013 \*\*150.00

2. Principal Office Address

201 South Biscayne Blvd

Suite, Apt. #, etc.

28th Floor

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

201 South Biscayne Blvd

Suite, Apt. #, etc.

28th Floor

City & State

Miami, Florida

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/02

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

Name

Reygadas & Associates, Inc.

P990000 69240

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

201 South Biscayne Blvd.

Suite, Apt. #, Etc.

28th Floor

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 09/30/03

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	Eduardo Perez Gavilan	Calle 8-No. 21 Club de Golf Mexico	Mexico City, Mexico 14620

**REINSTATEMENT**

2003

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

Date 09/30/03

Daytime Phone #

786 525 7554

Typed or printed name of signing Managing Member/Manager

Eduardo Perez Gavilan

CR2E041 (10/02)