

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000033483 ^{lot 2}

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 AM 10:40
11/07/24/04

DOCUMENT # **L02000033483**
1. Limited Liability Company's Name
ORDUZ LLC

000030386350
03/12/04--01055--011 **205.00

2. Principal Office Address 1208 71 ST. Suite, Apt. #, etc. #2		3. Mailing Office Address PO Box 6074 Suite, Apt. #, etc.	
City & State MIAMI BEACH FL		City & State MIAMI BEACH, FL	
Zip 33141	Country	Zip 33141	Country USA

4. State/Country of Formation FLORIDA	December 12/02
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 54-2087061	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HOYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

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 **(THE SIGNATURE IT'S IN THE FAX) THANK YOU** Date **03/04/04**

REGISTERED AGENT MUST SIGN

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	RICARDO ORDUZ	PO Box 6074	MIAMI BEACH FL, 33141
MGRM	FRANCISCO ORDUZ	PO Box 6074	MIAMI BEACH FL, 33141
MGRM	SANDRA VIVIANA ORDUZ	PO Box 6074	MIAMI BEACH FL, 33141
		2003-2004	
REINSTATEMENT			

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 **RICARDO ORDUZ** Date **03/04/04** Daytime Phone# **305-490-4522**

Typed or printed name of signing Managing Member/Manager **RICARDO ORDUZ**

CR2E041 (10/02)

MAR-04-2004 01:01 AM

03/04/04 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01/01 F.U.I.

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FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L02000033483

1. Limited Liability Company's Name
ORDUZ LLC

2. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Office Address
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Zip Country

4. Date Organized or Qualified To Do Business in Florida

5. FEI Number **54-2087061** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS Street

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32301**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.

Signature of Registered Agent **Susan P. Covel** Date **3/4/04**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RICARDO ORDUZ	PO Box 6074	MIAMI BEACH FL, 33141
MGRM	FRANCISCO ORDUZ	PO Box 6074	MIAMI BEACH FL, 33141
MGRM	SANDRA VIVIANA ORDUZ	PO Box 6074	MIAMI BEACH FL, 33141

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 609, 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 **RICARDO ORDUZ** Date **03/04/04** Daytime Phone # **305-490-4522**

Typed or printed name of signing Managing Member/Manager **RICARDO ORDUZ**

FAX: 305-816-0203