

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 11 PM 12:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO2000035011

1. Limited Liability Company's Name

Amasua Development Group,
LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

380 NW 110TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

380 NW 110TH AVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12.26.2002

6. FEI Number

651165478

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

8. Name and Address of Current Registered Agent

Name

FELENA TALBOTT

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

2400 E COMMERCIAL BLVD

Suite, Apt. #, Etc.

400

City

Ft Lauderdale

State

FL

Zip Code

33308

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Feleena Talbott

Date

April 2, 2008

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
MEM	Manuel Fernandez	210 Brookings LANE	Reachtree City, GA 30269
MEM	Garland Rodriguez	380 NW 110TH AVE	Plantation, FL 33324

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REINSTATEMENT 04, 08

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

Garland Rodriguez

Date

3-29-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager