

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 SEP -6 AM 9: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000003487

1. Limited Liability Company's Name

VEGA HOLDINGS, LLC

400109296404
09/11/07--01019--008 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 2597 W. 8th Court		3. Mailing Office Address 2597 W. 8th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33010	Country USA	Zip 33010	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 01/29/2003	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Emiliano R. Vega		
Street Address (P.O. Box Number is Not Acceptable) 2597 W. 8th Court		
Suite, Apt. #, Etc.		
City Hialeah	State FL	Zip Code 33010

☒ 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 	Date 7/23/07
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	Emiliano R. Vega	2597 W. 8th Court	Hialeah, FL 33010
MGR	Maria Vega	2597 W. 8th Court	Hialeah, FL 33010

REINSTATEMENT 05, 07

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 608.408, 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 7/23/07	Daytime Phone # 305-586 6699
Typed or printed name of signing Managing Member/Manager EMILIANO R. VEGA, MANAGER		