

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 20 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000006146

1. Limited Liability Company's Name

ALEJANVI 1012-0203, LLC.

CR2E041 (1/07)

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

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. State/Country of Formation

FL/USA

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

02/19/2003

6. FEI Number 25-1903568

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

JORGE L. GURIAN

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

2600 Douglas Rd.

Suite, Apt. #, Etc.

Suite 1100

City

Coral Gables

State

FL

Zip Code

33134

☒ 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

REGISTERED AGENT MUST SIGN

Date 06/20/2007

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	ALEJANDRO V. BRUZUAL	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134

REINSTATEMENT

2004-2007

DB

500104830085

06/26/07--01049--029 **200.00

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 06/20/2007

Daytime Phone # (305) 279/4101

Typed or printed name of signing Managing Member/Manager

Alejandro Bruzual