

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 FEB -3 AM 8:30

DOCUMENT # L03000006146

1. Limited Liability Company's Name

ALEJANVI 1012-0203, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
801 Brickell Key Blvd., #1012

3. Mailing Office Address
201 S. Biscayne Blvd., Ste. 1500 (R1S)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

Florida

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
Corporation Company of Miami

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

201 S. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 1500

City

Miami

State

FL

Zip Code

33131

E-mail Address:

rsouto@shutts.com

(To be used for future annual report notices)

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

Raul J. Salas

REGISTERED AGENT MUST SIGN

RAUL J. SALAS, PRESIDENT

Date

2-2-12

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 Vivas Bruzual	201 S. Biscayne Blvd., Ste 1500	Miami, FL 33131

100220396701
02/03/12--01002--024 **\$55.00

REINSTATEMENT 2009-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Alejandro Vivas Bruzual

Date 01/13/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Alejandro Vivas Bruzual

FILED FEB - 6 2012

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

RECEIVED

12 FEB -3 AM 11:58

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Aleganvi 1012-0203 LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☒ Limited Partnership
☒ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials