

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000009235

Limited Liability Company's Name

0 ANDALUSIA L.L.C.

Principal Office Address - No P.O. Box # 66 ALTON ROAD		3. Mailing Office Address SAME	
e Apt. # etc.		Suite Apt. #, etc.	
3. State MI BEACH, FL		City & State MIAMI BEACH, FL	
Country 40	Zip 33140	Country	
8. Name and Address of Current Registered Agent			
ame CARLOS H. GUTIERREZ			
et Address (P.O. Box Number is Not Acceptable) Suite 66 ALTON ROAD			
t. # Etc			
7 MI BEACH	State FL	Zip Code 33140	

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/14/2003	
6. FEI Number 05-0559053	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	

FILED
DEC 29 AM 7:42

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I, being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent CARLOS H. GUTIERREZ Date _____
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

S	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
R	CARLOS H. GUTIERREZ	4466 ALTON ROAD	MIAMI BEACH, FL 33140
R	MILDA T. GUTIERREZ	4466 ALTON ROAD	MIAMI BEACH, FL 33140

Mail Address: _____
(To be used for future annual report notifications)

I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 2, 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 has 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 authorized representative/member CARLOS H. GUTIERREZ Date _____ Daytime Phone # _____