

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN 28 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # 403000013506

1. Limited Liability Company's Name

Tu Mosica LLC

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

435 E. 70 St.

Suite, Apt. #, etc.

26C

City & State

NY, NY

Zip

10021

Country

USA

3. Mailing Office Address

435 E. 70th Street

Suite, Apt. #, etc.

26C

City & State

NY, NY

Zip

10021

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/15/03

6. FEI Number

432010272

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

Doris J. Peña

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

8245 NW 191 St.

Suite, Apt. #, Etc.

Apt. C

City

Hialeah

State

FL

Zip Code

33015

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7-15-2010

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	Thomas A. Peña	435 E. 70th St., 26C	NY, NY 10021
			400167215384 01/26/10-01024-011 **416.25
			400167215384 01/26/10-01024-012 **5.00

REINSTATEMENT 08-10

DB

11. E-mail Address: pena.alexis@gmail.com

12. 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

*[Signature]*

Date

1/30/10

Daytime Phone #

617.283.8467

Typed or printed name of signing Managing Member/Manager