

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

06 MAR -3 AM 10:46

DOCUMENT #

LO3000013584

1. Limited Liability Company's Name

GOTERA L.L.C.

2. Principal Office Address

499 E. PALMETTO PARK RD.

3. Mailing Office Address

9020 NW 19TH STREET

Suite, Apt. #, etc.

#207

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

PEMBROKE PINES, FL

Zip

33432

Country

U.S.A.

Zip

33024

Country

U.S.A.

200068100352

03/20/06--01019--020 **255.00

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

04/15/2003

6. FEI Number

57-1164516

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

TISH CHOTOOSINGH

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

9020 NW 19TH STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

Tish Chotoosingh

REGISTERED AGENT MUST SIGN

Date 02/24/06

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	TISH CHOTOOSINGH	SAME AS ABOVE	SAME AS ABOVE

REINSTATEMENT 04-06

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

Tish Chotoosingh

Date 2/24/06

Daytime Phone # (954)303-4751

Typed or printed name of signing Managing Member/Manager TISH CHOTOOSINGH