

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -4 AM 8:35

**DOCUMENT # L03000034585**

**1. Limited Liability Company's Name**

Selva, LLC

**2. Principal Office Address**

12625 SW 43 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

USA

**3. Mailing Office Address**

12625 SW 43 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

USA

**4. State/Country of Formation**

Florida, USA

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

09/11/2003

**6. FEI Number**

201427332

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

Miguel A. Valdes

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

12625 SW 43 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

**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

*Miguel A. Valdes*

REGISTERED AGENT MUST SIGN

Date 08/03/2005

**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
Manager	Miguel A. Valdes	12625 SW 43 Street	Miami/FL/33175
Manager	Selva Perez	7564 SW 43 Street	Miami/FL/33175

**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

*Miguel A. Valdes*

Date 08/03/2005

Daytime Phone# 305-788-6593

Typed or printed name of signing Managing Member/Manager Miguel A. Valdes

CR2E041 (10/02)