

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000039207

## 1. Limited Liability Company's Name

Alma Investment, LLC

## 2. Principal Office Address

11343 NW 65st

Suite, Apt. #, etc.

## 3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Miami FL

City &amp; State

Zip

33178

Country

Dade

Zip

Country

## 4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

## 6. FEI Number

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

Manuel Hernandez Garzon

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

11343 NW 65st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

## 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

Date

REGISTERED AGENT MUST SIGN

## 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
MEMBER	Manuel Hernandez Garzon	11343 NW 65st	Miami FL 33178
member	Chudia Pinto	11343 NW 65st	Miami FL 33178

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

Date

7/21/05

Daytime Phone #

305 4363949

Typed or printed name of signing Managing Member/Manager

292

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 8:36

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$100.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **ALMA INVESTMENTS, LLC.**

Thank you for your courtesy in this matter.



**MANUEL HERNANDO GARZON**  
**PRESIDENT**