

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

05 JUN -9 PM 12: 09

DOCUMENT # **LD3:0000 48831**

1. Limited Liability Company's Name

TARJA PROPERTIES, LLC.

2. Principal Office Address

10520 N.W. 26 Street

Suite, Apt. #, etc.

Suite C-201

City & State

Doral

Zip

33172

Country

Miami-Dade

3. Mailing Office Address

10520 N.W. 26 Street

Suite, Apt. #, etc.

Suite C-201

City & State

Doral

Zip

33172

Country

Miami-Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/02/03

6. FEI Number

20-2478892

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

CorpDirect Agents Inc.

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

103 N. Meridian Street

Suite, Apt. #, Etc.

Lower Level

City

Tallahassee

State

FL

Zip Code

32301

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
Mgr	Jose E. Cabanas, Manager	10520 N.W. 26 Street, Ste C-201	Miami, FL 33172

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 **5/23/05**

Daytime Phone # **305-513-3639**

Typed or printed name of signing Managing Member/Manager

Jose E. Cabanas, Manager

CR2E041 (10/02)