

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 23 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L03000054127

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

PAJARES Quintana, LLC

CR2E041 (1/07)

**2. Principal Office Address - No P.O. Box #** Place **3. Mailing Office Address**

5849 S.W. 144th Circle 5849 S.W. 144th Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Miami, Florida

**City & State**

Miami, FL

**Zip**

33183

**Country**

Dade

**Zip**

33183

**Country**

Dade

**4. State/Country of Formation**

U.S.

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

12/18/03

**6. FEI Number**

20-0502610

**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**

Yosvani Quintana

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

5849 S.W. 144th Circle

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33183

☐ 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**

Yosvani Quintana

REGISTERED AGENT MUST SIGN

**Date** 2/20/7

**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	Yosvani Quintana	5849 S.W. 144th Circle	Miami FL 33183
			700089978617 03/01/07--01048--008 **200.00
			REINSTATEMENT 06-07

**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**

Yosvani Quintana

**Date** 2/20/7

**Daytime Phone #**

305-907-081

**Typed or printed name of signing Managing Member/Manager**