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L04000002189

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

FILED
07 JAN 12 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

JUAN ORTUONDO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$250.00~~

150.00

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H07000109113

DATE: 1-9-2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: JUAN ORTUONDO LLC
JUAN ORTUONDO

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

THANKS,

JUAN ORTUONDO LLC

JUAN ORTUONDO

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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07 JAN 12 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000002189

1. Limited Liability Company's Name
JUAN ORTUONDO LLC

2. Principal Office Address	3. Mailing Office Address
3823 N OAK DR #K-32	3823 N OAK DR #K-32
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33611 Country: USA	Zip: 33611 Country: USA

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: ORTUONDO, JUAN

Street Address (P.O. Box Number is Not Acceptable): 3823 N OAK DR #K-32

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33611

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: Juan Ortuondo Date: _____

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	ORTUONDO, JUAN	3823 N OAK DR #K-32	TAMPA FL 33611
		REINSTATEMENT	05.06.07

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 608.508, 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: Juan Ortuondo Date: 01/10/07 Daytime Phone #: 813 431-5111

Typed or printed name of signing Managing Member/Manager: JUAN ORTUONDO

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