

Jan 12 2007 1:09PM

A1A CORPORATE SERVICES

15614559885

P. 1

Division of Corporations

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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

RECEIVED

07 JAN 12 PM 1:56

SECRETARY OF STATE
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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Corporate Filing Menu

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Jan 12 2007 1:09PM

A1A CORPORATE SERVICES

15614559885

p.2

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DATE: 1-9-2007

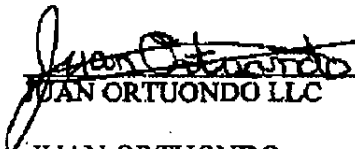
TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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 PENNALTU.

THANKS,


JUAN ORTUONDO LLC

JUAN ORTUONDO

4070000109113

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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07 JAN 12 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000002189

1. Limited Liability Company's Name

JUAN ORTUONDO LLC

2. Principal Office Address

3823 N OAK DR #K-32

Suite, Apt. #, etc.

3. Mailing Office Address

3823 N OAK DR #K-32

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 Applicable7. 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

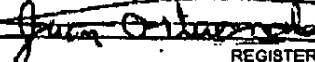
Suite, Apt. #, Etc.

City

TAMPA

State
FLZip 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

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ORTUONDO, JUAN	3823 N OAK DR #K-32	TAMPA FL 33611

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 01/12/07

Daytime Phone # 813 431-5111

Typed or printed name of signing Managing Member/Manager

JUAN ORTUONDO

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