

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:54

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000007174

1. Limited Liability Company's Name

MANAGEMENT & INVESTEMENT, L.L.C.

2. Principal Office Address

13876 SW 56 ST

Suite, Apt. #, etc.

246

City & State

Miami, Florida

Zip

33175

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

01/27/2004

6. FEI Number

20-0652961

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

ARTURO YERO

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

ARTURO YERO P.A. 5805 BLUE LAGOON DR

000082636260

12/19/06--01025--013 \*\*205 00

Suite, Apt. #, Etc.

280

City

Miami

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date

12-12-2006

**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
M/M	Maida Ramallo	13741 SW 30 St	Miami, Florida 33175
M/M	Jorge Bernal	1643 NE 186 St APT 221	N Miami Beach, Florida 33179

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 12/12/2006

Daytime Phone # (786) 539 9893

Typed or printed name of signing Managing Member/Manager MAIDA RAMALLO