

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 CORPORATION

09 DEC -2 PM 12:17

**DOCUMENT #**

1. Limited Liability Company's Name

831 CENTER L.L.C.

**REINSTATEMENT**

*2005-09 Rem*

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 6201 SW 70TH STREET		3. Mailing Office Address 6201 SW 70TH STREET	
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc. 2ND FLOOR	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33143	Country USA	Zip 33143	Country USA

4. State/Country of Formation FL - USA	
5. Date Organized or Qualified To Do Business in Florida 02-25-2004	
6. FEI Number 75-3153496	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name RAUL MUNILLA			
Street Address (P.O. Box Number is Not Acceptable) 6201 SW 70TH STREET			
Suite, Apt. #, Etc. 2ND FLOOR			
City MIAMI	State FL	Zip Code 33143	

☐ 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 *[Signature]* Date 23 Nov 09  
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	RAUL MUNILLA	6201 SW 70TH STREET, 2ND FLOOR	MIAMI FL 33143
MGR	PEDRO R MUNILLA	6201 SW 70TH STREET, 2ND FLOOR	MIAMI FL 33143

11. E-mail Address: MDELGADO@MCMCORP.COM

(To be used for future annual report notifications)

12. 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 *[Signature]* Date 23 Nov 09 Daytime Phone # 305.541.0000

Typed or printed name of signing Managing Member/Manager RAUL MUNILLA