

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L04000015395

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000015395

1. Limited Liability Company's Name

Tecnimex of miami, LLC

05

BK

2006 MAY 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CR2E041 (8/05)

2. Principal Office Address

200 178th DR #512

Suite, Apt. #, etc.

#512

City & State

Sunny Isles, FL

Zip

33160

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-4900381

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

LINDSAY DUNKLEY

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

14100 Palmetto Rd. RD.

Suite, Apt. #, Etc.

#201

City

miami Lakes

State

FL

Zip Code

33016

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]

REGISTERED AGENT MUST SIGN

Date

5/19/06

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
P	RICARDO ANDRES GOMEZ DIAZ	200 178th DR #512	Sunny Isles, FL 33160

900075107139
05/23/06 01059 888 **200.00

REINSTATEMENT 2005-2006

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

Ricardo Andres Gomez Diaz

Date

5/19/06

Daytime Phone #

(305) 821-6232

Typed or printed name of signing Managing Member/Manager