

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 12 P 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000019946

1. Limited Liability Company's Name

191-192 NW, LLC

2. Principal Office Address - No P.O. Box #

3971 SW 8 ST

Suite, Apt. #, etc.

301

City & State

CORAL GABLES, FL 33134-2951

Zip

33134-2951

Country

MIAMI-DADE

3. Mailing Office Address

3971 SW 8 ST

Suite, Apt. #, etc.

301

City & State

CORAL GABLES, FL 33134-2951

Zip

33134-2951

Country

MIAMI-DADE

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

03/15/2004

6. FEI Number
01-0809894

☐ 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

ARMANDO BRANA, ESQ

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

3971 SW 8 ST

Suite, Apt. #, Etc.

301

City

CORAL GABLES

State

FL

Zip Code

33134

☒ 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

Armando Brana

Date

5/21/08

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
MGRM	ARMANDO BRANA	3400 CORAL WAY SUITE 600	MIAMI, FL 33145

300130430773
05/25/08--01022--009 **416.25

REINSTATEMENT 06-08

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

Armando Brana

Date

5/21/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ARMANDO BRANA