PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

17 MAY -9 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000026511

Limited Liability Company's Name

Zaga, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2727 NW 17TH AVE		2727 NW 17TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33142	USA	33142	USA

CR2E041 (1/14)

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: APRIL 7, 2004

6. FEI Number: 20-5728630 ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Numbers Not Acceptable): 1200 SOUTH PINE ISLAND RD

Apt. #, Ste.:

City: PLANTATION | State: FL | Zip Code: 33142

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05/03/17--01001--018 **383.75

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 4/28/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MOISES ZAGA	2727 NW 17TH AVE	MIAMI, FL 33142

11. E-mail Address: MWHITT@ROBINSKAPLAN.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 24/04/17 Daytime Phone #: 6962077216

Typed or printed name of signing authorized representative/member: MOISES ZAGA