

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 CORPORATIONS

05 OCT 21 AM 10:21

DOCUMENT #

L04000028926

1. Limited Liability Company's Name

Limagio LLC.

500060852995
10/21/05--01026--010 **150.00

CR2E041 (8/05)

2. Principal Office Address

18471 S.W. 104th

3. Mailing Office Address

P.O. Box 960815

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33196

Country

DADE

Zip

33296

Country

FL

4. State/Country of Formation

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

6. FEI Number

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

MARIA E. GOMEZ

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

18471 S.W. 104th

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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 10-15-2005

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
manag.	JOSE R. IGLESIAS	8401 S.W. 107th Ave #178	Miami, FL 33173
	MARIA E. GOMEZ	18471 S.W. 104th	Miami FL 33196

REINSTATEMENT 2005

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

[Signature]

Date 10-15-2005

Daytime Phone # 786-281-3170

Typed or printed name of signing Managing Member/Manager

JOSE R. IGLESIAS J. R. Iglesias