

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR 28 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600153265436
04/28/09--01040--003 **416.25
CR2E041 (10/08)

DOCUMENT # L 040000 32870

1. Limited Liability Company's Name

MAGNET GROUP, LLC

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

555 BILTMORE WAY
Suite, Apt. #, etc.
101

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

P.O. Box 431561
Suite, Apt. #, etc.

City & State

MIAMI, FL 33243

Zip

33243

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

04/30/2004

6. FEI Number

201456769

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

GEORGE TORRENTE

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

6650 Chapman Field Drive

Suite, Apt. #, Etc.

City

PINECREST

State

FL

Zip Code

33156

☒ 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

REGISTERED AGENT MUST SIGN

Date 4/23/09

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
MGRN MGRN	GEORGE TORRENTE	6650 CHAPMAN FIELD DR	PINECREST, FLORIDA 33156

REINSTATEMENT -07-08-09

C.L.

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

Date 4/23/09

Daytime Phone # 305 948 2378

Typed or printed name of signing Managing Member/Manager

GEORGE TORRENTE