

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.-

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000037802

1. Limited Liability Company's Name

**LAVANGA 504, LLC**

FILED

07 DEC 19 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 9737 NW 41st.		3. Mailing Office Address 9737 NW 41st.	
Suite, Apt. #, etc. #615		Suite, Apt. #, etc. #615	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33178	Country U.S.	Zip 33178	Country U.S.

4. State/Country of Formation Fla.	
5. Date Organized or Qualified To Do Business in Florida 05/18/04	
6. FEI Number 20-1148215	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Cabanas & Associates P.A.			
Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26th.			
Suite, Apt. #, Etc. C 201			
City Doral, FL.	State FL	Zip Code 33172	

☒ 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 <i>[Signature]</i>	Date 11/19/07
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
MEM	Lavanga, Giovanni	10556 NW 26th - D101	Doral, FL 33172
MEM	De Lavanga, Maria I.	10556 NW 26th - D101	Doral, FL 33172
<p>REINSTATEMENT 06-07</p> <p>GA 12/19</p> <p>000113079070 12/12/07--01037--007 **100.00</p>			

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 <i>Giovanni Lavanga</i>	Date 11/19/07	Daytime Phone # (305) 513 3639
Typed or printed name of signing Managing Member/Manager Giovanni Lavanga		