

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -6 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000037841

1. Limited Liability Company's Name

Marquez Holdings L.L.C.

400190488894
01/07/11--01033--001 ***238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2627 WEST 77 PLACE		3. Mailing Office Address 2627 WEST 77 PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33016	Country USA	Zip 33016	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 5/19/2004	
6. FEI Number 510516765	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Benigno Marquez**

Street Address (P.O. Box Number is Not Acceptable)
2627 WEST 77 PLACE

Suite, Apt. #, Etc.

City **HIALEAH FL** State **FL** Zip Code **33016**

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 _____ Date _____

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
MGR	Braynert Marquez	2627 WEST 77 PLACE	HIALEAH FL 33016
MGR/MEM	Maritza Marquez	2627 WEST 77 PLACE	HIALEAH FL 33016
MGR/MEM	BENIGNO MARQUEZ	2627 West 77 Place	Hialeah, FL 33016

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 *Benigno Marquez* Date 12/27/10 Daytime Phone # 310 685 1115

Typed or printed name of signing Managing Member/Manager Benigno Marquez