

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051409

1. Limited Liability Company's Name

7 STARS, L.L.C.

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

5060 SW 154 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33185

Country

MIAMI-DADE

3. Mailing Office Address

5060 SW 154 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33185

Country

MIAMI-DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 07/08/2004

6. FEI Number

20-1376212

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

GORDILLO, OSCAR H.

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

5060 SW 154 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 03/18/2009

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
MGRM	GORDILLO, OSCAR H.	5060 SW 154 COURT	MIAMI, FL 33185
MGRM	GORDILLO, RITA	5060 SW 154 COURT	MIAMI, FL 33185
MGRM	GORDILLO, OSCAR J.	1311 SW 124 COURT, UNIT F	MIAMI, FL 33184
MGRM	GORDILLO, SANDRA L.	1311 SW 124 COURT, UNIT F	MIAMI, FL 33184
REINSTATEMENT			

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 03/18/2009

Daytime Phone# 305-220-0659

Typed or printed name of signing Managing Member/Manager OSCAR H. GORDILLO

FILED

2009 APR -7 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900147185729
04/07/09--01030--028 **138.78
CR2E041 (10/08)

900147185729
03/24/09--01031--003 **277.50