

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000052048

1. Limited Liability Company's Name

TABOAS #1 LLC

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

701 BRICKELL AVE

Suite, Apt. #, etc.

LOBBY

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

4471 NW 36TH ST

Suite, Apt. #, etc.

SUITE 251 c/o QB Accounting

City & State

MIAM SPRINGS, FL

Zip

33166

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/13/2004

6. FEI Number

20-1389506

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

JUAN A. TABOAS

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

701 BRICKELL AVE

Suite, Apt. #, Etc.

LOBBY

City

MIAMI, FLORIDA

State

FL

Zip Code

33131

E-mail Address:

200210928282
08/10/11--01026--001 **395.00

info@qbaccountingsolutions.com

(To be used for future annual report notices)

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

8/8/11

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	JUAN A. TABOAS	701 BRICKELL AVE	MIAMI, FL 33131
MBR	CRISTINA TACUE	701 BRICKELL AVE	MIAMI, FL 33131

REINSTATEMENT 10-11

DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **08/08/2011**

Daytime Phone # **305 375-9405**

Typed or printed name of signing Managing Member/Manager **JUAN A. TABOAS, MANAGING MEMBER**