

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 16 AM 10:35

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000052731**

1. Limited Liability Company's Name

EKROSS LLC

900171993339
03/12/10--01003--014 **\$55.00

CR2E041 (11/09)

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

1150 NW 124 ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33182

Country

US

Zip

Country

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

7/15/2004

6. FEI Number

20-1462974

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

Manuel E. Ortiz

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

1150 NW 124 ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

☒ 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.

900171993339

03/12/10--01003--015 **\$5.00

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 **3/6/2010**

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	Manuel E. Ortiz	1150 NW 124 ave	Miami FL 33182

REINSTATEMENT 07-10

DB

11. E-mail Address: **manuel.ortiz@corvantis.com**

(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 608.408, 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 **3/6/2010** Daytime Phone # **(786) 546 3153**

Typed or printed name of signing Managing Member/Manager