

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062007 REIN-LLC CR2E101 (1/07)

4. FEI Number
APPLIED FOR 04-3798067 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, CARLOS A
15522 FIORENZA CIRCLE
DELRAY BEACH, FL 33446

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carlos A. Gutierrez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/07

FILE NOW!!! FEE IS \$200.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ORTIZ, CLARA A
STREET ADDRESS 4501 COCONUT CARAMBOLA CIRCLE S.
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ORTIZ, LUZ H
STREET ADDRESS 4501 COCONUT CARAMBOLA CIRCLE S.
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Clara Ortiz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/23/07 (954) 2926217

Date

Daytime Phone #