

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 11 PM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000057146

1. Limited Liability Company's Name

Cuba London, LLC.

CR2E041 (1/07)

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

4415 Haylock Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

4415 Haylock Dr.

Suite, Apt. #, etc.

City & State

Orlando, Fla.

City & State

Orlando, Fla.

Zip

32807

Country

USA

Zip

32807

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8-1-2004

6. FEI Number

40000571

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

Guillermo Rente

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

4415 Haylock Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

☒ 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

Date 11-29-07

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
Pres	Guillermo Rente	4415 Haylock Dr.	
		Orlando, FL 32807	
			600112851646 12/05/07--01033--004 **5.00
			600112851646 12/05/07--01033--005 **100.00
		REINSTATEMENT	Dec. 07

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

Date 11-29-07

Daytime Phone # 407-895-9491

Typed or printed name of signing Managing Member/Manager

Guillermo Rente