


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000061793		
1. Entity Name BEGIN, LLC		

Principal Place of Business 267 SW 9TH ST SUITE 2 MIAMI, FL 33130	Mailing Address P.O. BOX 310401 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 245 SW 11ST		3. Mailing Address	
Suite, Apt. #, etc. 03		Suite, Apt. #, etc.	
City & State MIAMI FL 33130		City & State	
Zip 33130	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, JOSE G 267 SW 9TH ST SUITE 2 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, JOSE G 267 SW 9TH ST SUITE 2 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **12/12/07** **(786) 426-4657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

07 DEC 18 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10312007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-1566720

Applied For
Not Applicable

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

REINSTATEMENT