

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000063549

1. Limited Liability Company's Name

MARCAFABRICA, LLC

2007 DEC 28 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

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

1850 S OCEAN DR

Suite, Apt. #, etc.

STE 4301

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Office Address

1850 S OCEAN DR

Suite, Apt. #, etc.

STE 4301

City & State

HALLANDALE, FL

Zip

33009

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/26/2004

6. FEI Number

900194066

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

LYN NGUYEN

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

1850 S OCEAN DR

Suite, Apt. #, Etc.

STE 4301

City

HALLANDALE

State

FL

Zip Code

33009

☐ 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

*Thuan*

REGISTERED AGENT MUST SIGN

Date 12.24.2007

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	VISH CANARAN	1850 S OCEAN DR #4301	HALLANDALE, FL 33009

REINSTATEMENT

06-07

900113481009  
12/28/07--01035--008 \*\*200.00

900113481009  
12/28/07--01035--009 \*\*5.00

OK 12-28

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

*Thuan*

Date 12.24.07

Daytime Phone # 954.454.5617

Typed or printed name of signing Managing Member/Manager