

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 1:53

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000064849

1. Limited Liability Company's Name

8032 NW 5th ave L.L.C.

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

1549 NE 123rd St

Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N MIAMI, FL

City & State

Zip

33161

Country

USA

Zip

Country

4. State/Country of Formation

Florida

US

5. Date Organized or Qualified
To Do Business in Florida

8/31/04

6. FEI Number

☒ 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

Albert Nae

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

1549 NE 123rd St

Suite, Apt. #, Etc.

N MIAMI, FL 33161

City

N MIAMI

State

FL

Zip Code

33161

☒ 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

Albert Nae

Date

7/23/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Albert Nae	1549 NE 123rd St	N MIAMI, FL 33161
			50109588875 09/18/07--01059--018 **100.00
	FF \$150 RF N/A		08/29/07 01009 022 \$50.00
			REINSTATEMENT 2005-2007
			BIT

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

Albert Nae

Date

7/23/07

Daytime Phone #

305-981-9295

Typed or printed name of signing Managing Member/Manager

Albert Nae