

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 16 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000064962**

1. Limited Liability Company's Name

MENRI HOLDING, LLC

CR2E041 (1/07)

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

608 SW 4TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1 LAS OLAS CIRCLE

Suite, Apt. #, etc.

1113

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE

Zip

33315

Country

USA

Zip

33316

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

08/31/2004

6. FEI Number

20-0602847

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

JULIO C. MENDEZ

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

1 LAS OLAS CIRCLE

Suite, Apt. #, Etc.

1113

City

FT LAUDERDALE

State

FL

Zip Code

33316

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **09/17/2007**

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 |
|--------|--------------------------------------|---|---|
| MGR | JULIO MENDEZ | ONE LAS OLAS CIRCLE #1113 | FT LAUDERDALE / FL / 33316 |
| MGR | MAURICIO MENDEZ | ONE LAS OLAS CIRCLE #1113 | FT LAUDERDALE / FL / 33316 |
| | | | 300114859029 01/17/08--01049--001 **100.00 |
| | | | |
| | | | REINSTATEMENT 06-07 |
| | | | E.A. |
| | | | |

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

[Signature]

Date **09/17/2007** Daytime Phone # **954 522 2438 EXT 202**

Typed or printed name of signing Managing Member/Manager

JULIO MENDEZ