

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L04000071594

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 25 AM 11:24

DOCUMENT # L04000071594

1. Limited Liability Company's Name

1901, LLC

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900192419509
01/25/11--01004--006 **516.25

CR2E041 (1/11)

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

1901 NW 7 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1901 NW 7 ST

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33125

Country

USA

Zip

33125

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

134358256

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

AGC INVESTMENT GROUP CORP

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

1901 NW 7 STREET

Suite, Apt. #, Etc

City

Miami

State

FL

Zip Code

33125

E-mail Address:

BR

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

01-24-11

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
MEM	AGC INVESTMENT GROUP CORP	1901 NW 7ST.	Miami FL 33125

REINSTATEMENT

2009-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

01-24-11

Daytime Phone #

305-542-0975

Typed or printed name of signing Managing Member/Manager