

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000075935

1. Limited Liability Company's Name

A TODA SALUD LABRADA LLC.

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

14155 NW 88 place

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33018

US

3. Mailing Office Address

14155 NW 88 pl.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33018

US

4. State/Country of Formation

FL / US

**5. Date Organized or Qualified
To Do Business in Florida**

10/20/2004

6. FEI Number

20-1769474

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

Maluys Labrada

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

14155 NW 88 place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33018

☒ 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

X

REGISTERED AGENT MUST SIGN

Date

6/13/07

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.

Maluys Labrada

14155 NW 88 place

Miami, FL 33018

REINSTATEMENT

**11. I certify that I am managing member/managers 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

X

Date 6/13/07

Daytime Phone #

786-547-8104

Typed or printed name of signing Managing Member/Manager