

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900162760449
11/10/09--01031--005 **377.50

CR2E041 (10/09)

DOCUMENT # L04000077146

1. Limited Liability Company's Name

Exper Investments, LLC.

2. Principal Office Address - No P.O. Box #
1351 NE Miami Gardens Dr.

Suite, Apt. #, etc.

816E

City & State
Miami, FL

Zip

33179

Country
USA

3. Mailing Office Address
1351 NE Miami Gardens Dr.

Suite, Apt. #, etc.

816E

City & State
Miami, FL

Zip

33179

Country
USA

4. State/Country of Formation **FL**

5. Date Organized or Qualified
To Do Business in Florida **10/25/2004**

6. FEI Number
113753478

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

DeOliveira, Maria-Hanne Menezes

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

1351 NE Miami Gardens Dr.

Suite, Apt. #, Etc.

816E

City

Miami

State

FL

Zip Code

33179

☐ 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 fee be waived.

9. I, being appointed the registered agent for 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 **11/09/2009**

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	Neves, Leonardo	19610 NE 26th AVE	Miami, FL, 33160
MGR	Lima De Macedo, Rodrigo R	3440 NE 192nd street, # 1-E	Aventura, FL, 33180
MGR	De Oliveira, Maria-Hanne M.	1351 NE Miami Gardens Dr. Apt. 816E	Miami, FL, 33179
MGR	Mesner, Jordana B	19610 NE 26th AVE	Miami, FL, 33160
MGR	Pinilla, Patricia	800 NE 195 street Apt. 301	Miami, FL, 33179

11. E-mail Address: **HMenezes@aol.com**

(To be used for future annual report notifications)

OK 11-16-09

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Date **11/09/2009**

Daytime Phone # **646-408-8838**

Typed or printed name of signing Managing Member/Manager

DeOliveira, Maria-Hanne Menezes