

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000084505

1. Limited Liability Company's Name

P. LINK, LLC.

FILED
07 SEP 26 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000109770310
09/21/07--01054--010 **150.00

CR2E041 (1/07)

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

288 ARAGON AVE

Suite, Apt. #, etc.

SUITE D

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

288 ARAGON AVE

Suite, Apt. #, etc.

STE D

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA, USA

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

11/19/2004

6. FEI Number

20-2090165

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

CELIA CABRAL DOMENECH

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

288 ARAGON AVE STE D

Suite, Apt. #, Etc.

SUITE D

City

CORAL GABLES

State

FL

Zip Code

33134

☒ 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

Celia Cabral Domenech

Date 09/20/07

REGISTERED AGENT MUST SIGN

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	CELIA CABRAL DOMENECH	4206 MONSIEURATE ST	CORAL GABLES, FL 33146

REINSTATEMENT
05-07

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

Celia Cabral Domenech

Date

09/20/07

Daytime Phone #

(386) 547-0777

Typed or printed name of signing Managing Member/Manager

CELIA CABRAL DOMENECH