

LC4000085283  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 DEC 18 PM 1:19

DOCUMENT # L04000085283

1. Limited Liability Company's Name

3384 DAY AVENUE, LLC

800163776348  
12/18/09--01018--001 \*\*377.50

CR2E041 (11/09)

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

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33131

Country

US

3. Mailing Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33131

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/23/2004

6. FEI Number

20-1919763

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

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

☐ 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

REGISTERED AGENT MUST SIGN

Date 12-16-09

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	Alenda Consultants, LLC	1390 Brickell Ave., Ste 200	Miami, FL 33131
MGR	Oaks Managing Corporation	1390 Brickell Ave., Ste 200	Miami, FL 33131
MGR	Maggie D. Perez-Sordo	1390 Brickell Ave., Ste 200	Miami, FL 33131

REINSTATEMENT 2008-2009

11. E-mail Address: eavelazco@aol.com

(To be used for future annual report notifications)

12. 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

Date 12-16-09

Daytime Phone # (305) 632-9946

Typed or printed name of signing Managing Member/Manager

Eduardo Velazco, manager