

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L04000090694

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 16 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000090694

1. Limited Liability Company's Name

Monte Cristo Enterprize LLC. MK

2. Principal Office Address

335 NW 57 CT

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33126

Country

USA

3. Mailing Office Address

335 NW 57 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

USA

4. State/Country of Formation

FL, Miami Dade

5. Date Organized or Qualified  
To Do Business in Florida

12/15/2004

6. FEI Number

20-2139092

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

OSUALDO Quintana

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

335 NW 57 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

OSUALDO Quintana

Date 01/12/2007

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
MG	OSUALDO Quintana	335 NW 57 CT	MIAMI, FL, 33126

REINSTATEMENT

2005-2007

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

OSUALDO Quintana

Date 01/12/2007

Daytime Phone # 305-412-7284

Typed or printed name of signing Managing Member/Manager