

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 30 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LOS000009259

1 Stop Investments L.L.C.

CR2E041 (1/07)

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

8801 NW 112 ST

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip
33018

Country
USA

3. Mailing Office Address

8801 NW 112 ST

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip
33018

Country
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/31/2005

6. FEI Number

74-3139146

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
NELSON GOMEZ

Street Address (P.O. Box Number is Not Acceptable)
8801 NW 112 STREET

Suite, Apt. #, Etc.

City
HIALEAH

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

Nelson Gomez
REGISTERED AGENT MUST SIGN

Date **05/23/2007**

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	MARILYN GOMEZ	8801 NW 112 STREET	HIALEAH FL 33018
MGRM	NELSON GOMEZ	8801 NW 112 STREET	HIALEAH FL 33018

700103917237

06/05/07--01046--010 **105.00

REINSTATEMENT 06.07

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

Nelson Gomez

Date **05/23/2007**

Daytime Phone # **305-302-5992**

Typed or printed name of signing Managing Member/Manager

NELSON GOMEZ