

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000012587

1. Limited Liability Company's Name

Innovative Builders LLC
08

700163727277

12/17/09--01040--008 **382.50 ✓

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

1390 S. DIXIE HWY.

Suite/Apt. #, etc.

2213

3. Mailing Office Address

1390 S. DIXIE HWY.

Suite/Apt. #, etc.

2213

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02-07-05

6. FEI Number

562501420

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name DANIEL A. GOLDSTEIN

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

9155 S. DADELAND BLVD.

Suite/Apt. #, Etc.

1012

City

MIAMI

State

FL

Zip Code

33156

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-15-09

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.	MANUEL R. LLANO	1390 S. DIXIE HWY. #2213	CORAL GABLES, FL 33146
REINSTATEMENT	2008-2009	nc 12/18	CUS

11. E-mail Address: mlano@bellsouth.net ✓

(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

MLC-L

Date 12/15/09

Daytime Phone # 305 984 2195

Typed or printed name of signing Managing Member/Manager