

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 DEC -2 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L050000028036
Cuba Gringa, LLC

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

1091 NE Pine Island Rd
Suite, Apt. #, etc.

A

City & State

Cape Coral, FL

Zip

Country

33909

USA

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

3-05

6. FEI Number

760787002

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

Maria Sanz

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

1091 NE Pine Island Rd

Suite, Apt. #, Etc.

Ca A

City

Cape Coral

State

FL

Zip Code

33909

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-25-09

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
owner	Maria Sanz As Above	1091 NE Pine Island Rd	Cape Coral FL 33909

500163249329
12/02/09--01003--009 **\$555.00

REINSTATEMENT -06-09

11. E-mail Address: manyblessings13@rocketmail.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

[Signature]

Date 11-25-09

Daytime Phone # 239 573-7630

Typed or printed name of signing Managing Member/Manager

C.G.