

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB 13 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L05000033733

**1. Limited Liability Company's Name**

LOS ANDES HOMES USA LLC

CR2E041 (10/08)

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

15 Central Court

Suite, Apt. #, etc.

**City & State**

Tarpon Springs, FL

**Zip**

34689

**Country**

USA

**3. Mailing Office Address**

15 Central Court

Suite, Apt. #, etc.

**City & State**

Tarpon Springs, FL

**Zip**

34689

**Country**

USA

**4. State/Country of Formation**

Florida/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

04/06/05

**6. FEI Number**

90-0439963

☐ 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**

Thomas T. Karjama

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

15 Central Court

**Suite, Apt. #, Etc.**

**City**

Tarpon Springs

**State**

FL

**Zip Code**

34689

☐ 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**

Jan 29<sup>th</sup> 2009

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
Mbr	Marcelo Millar "MGRM"	15 Central Court "MGRM"	Tarpon Springs, FL 34689
Mbr	Monica Millar "MGRM"	15 Central Court "MGRM"	Tarpon Springs, FL 34689

REINSTATEMENT

00-09  
DB

600142710476  
02/03/09-01013-009 \*\*555.00

**11. I certify that I am managing member/manager of the company 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**

JAN 29.09

**Daytime Phone #**

727 512 5934

**Typed or printed name of signing Managing Member/Manager** Marcelo Millar