

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 26 AM 11:44

DOCUMENT # L05000041381

1. Limited Liability Company's Name

Guzman Laserna LLC

CR2E041 (12/07)

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

1497 Canary Island Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

← same

City & State

Weston, FL

Zip

Country

33327

USA

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

4/27/2005

6. FEI Number

06-1745894

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

Carlos E Guzman

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

1497 Canary Island Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

☒ 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

2/19/2008

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
MEM	Guzman, Carlos E	1497 Canary Island Drive	Weston, FL 33327
MEM	Guzman, Sebastian	1497 Canary Island Drive	Weston, FL 33327
MEM	Laserna, Gabriela	1497 Canary Island Drive	Weston, FL 33327
			700118848667 02/25/08--01027--023 **416.25

REINSTATEMENT

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

[Signature]

Date

2/19/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Gabriela Laserna