

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 APR 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000043362

1. Limited Liability Company's Name

Ferso LLC

700150346667
04/15/09--01035--004 **377.50
CR2E041 (10/08)

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

10441 SW 20 St

Suite, Apt. #, etc.

3. Mailing Office Address

10441 SW 20 St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

Zip

33165

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 05/02/05

6. FEI Number

20-3523608

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

Lillian Sosa-Fernandez

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

10441 SW 20 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
MGRM	LILLIAN SOSA-FERNANDEZ	10441 SW 20 ST	MIAMI, FL 33165

JB

REINSTATEMENT 2008-09

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

Date 4/13/09

Daytime Phone #

305/220-4548

Typed or printed name of signing Managing Member/Manager

Gustavo Fernandez