

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000046495

1. Limited Liability Company's Name

FLAGLER TELEFONICA LLC

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

6912 NW 46 STREET

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33166

Country

USA

3. Mailing Office Address

6912 NW 46 STREET

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33166

Country

USA

4. State/Country of Formation

FLORIDA

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

6. FEI Number
20-3937617

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 ESSEX

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

6912 NW 46 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	CARLOS ESSEX	6912 NW 46 STREET	MIAMI, FLORIDA 33166

REINSTATEMENT 07, 08

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

09/30/08

Daytime Phone #

786.234.4419

Typed or printed name of signing Managing Member/Manager

CARLOS ESSEX