

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 CORPORATION

08 APR 24 PM 12:39

DOCUMENT # LO5 000047204

1. Limited Liability Company's Name

Mijares TPA Investments, LLC

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

3355 NW 41st St
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip 33142 Country U.S.

Zip Country

4. State/Country of Formation

Florida U.S.

5. Date Organized or Qualified
To Do Business in Florida

7/5/2005

6. FEI Number

20-4615504

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

Damon Mijares

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

3309 NE 160th St.

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33160

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

4/18/08

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
<u>PD</u>	<u>Damon Mijares</u>	<u>3309 NE 160th St.</u>	<u>N.M.B. FL 33160</u>
<u>VP</u>	<u>Luisa Mijares</u>	<u>1</u>	<u>1</u>
<u>D</u>	<u>Jeffrey Ray Cohen</u>	<u>297 Sunny Isles Blvd</u>	<u>FL 33160 Sunny Isles Beach</u>

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

4/18/08

Daytime Phone #

905 9863205

Typed or printed name of signing Managing Member/Manager

Damon Mijares