

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 APR 15 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900175940619
04/15/10--01002--023 **416.25
CR2E041 (11/09)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000048649

1. Limited Liability Company's Name

May Investment Properties, LLC

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

19827 NW 85 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33015

Country

USA

3. Mailing Office Address

8005 NW 154 St

Suite, Apt. #, etc.

235

City & State

Miami, FL

Zip

33016

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

5-17-05

6. FEI Number

27-2307336

☒ 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

MARIA FERRER

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

8005 NW 154 St

Suite, Apt. #, Etc.

235

City

Miami

State

FL

Zip Code

33016

☒ 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

Maria Ferrer

REGISTERED AGENT MUST SIGN

Date 4-9-10

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
MGR	MARIA FERRER	19827 NW 85 Ave	Miami, FL 33015
MGR	YOLEEN FERNANDEZ	9780 NW 137 St	Hialeah Garden, FL 33018

REINSTATEMENT 08/10 AL

11. E-mail Address: FERRER, MARIA 512 @ GMAIL.COM

(To be used for future annual report notifications)

12. 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

Maria Ferrer

Date 4-9-10

Daytime Phone # (205) 785-8303

Typed or printed name of signing Managing Member/Manager