

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 16 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500172216025
03/15/10--01052--001 **793.75
CR2E041 (11/09)

DOCUMENT # LD5000049502

1. Limited Liability Company's Name

ANDSARO INVESTMENTS, L.L.C.

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

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

725

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

725

City & State

MIAMI FL

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

05/18/2005

6. FEI Number

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

MET 21 GROUP, LLC

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

1000 BRICKELL AVENUE

Suite, Apt. #, Etc.

725

City

MIAMI

State

FL

Zip Code

33131

☐ 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 03-12-2010

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	ROMUALDO RODRIGUEZ	1000 BRICKELL AVENUE	MIAMI, FL 33131
MGRM	SARELVY ROSALES DE RODRIGUEZ	1000 BRICKELL AVENUE	MIAMI, FL 33131

REINSTATEMENT-06-10

11. E-mail Address: INFO@MET21GROUP.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

Date 3/12/2010

Daytime Phone # 305-358-1440

Typed or printed name of signing Managing Member/Manager

C.L.