

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000049577**

1. Limited Liability Company's Name

MONCION , LLC

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

2434 SW 148th COURT

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33185

Country

MIAMI DADE

3. Mailing Office Address

2434 SW 148th COURT

Suite, Apt. #, etc.

City & State

MIAMI , FLORIDA

Zip

33185

Country

MIAMI DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 05/18/2005

6. FEI Number

20-2878816

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

GENAO ESTHER

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

2434 SW 148th COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

☒ 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

*Esther Genao*

Date 01/05/2009

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	GENAO ESTHER	2434 SW 148th COURT	MIAMI , FLORIDA 33185

**REINSTATEMENT 2008-2009**

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

*Esther Genao*

Date 01/05/09

Daytime Phone # 786)385-8987

Typed or printed name of signing Managing Member/Manager GENAO ESTHER