


FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>  |                                   |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                        | <b>FILED</b><br><b>10 JAN 26 AM 8:26</b><br><b>SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</b><br><br><b>400166850714</b><br><b>01/21/10--01041--010 **277.50</b><br><b>CR2E041 (11/09)</b>  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>DOCUMENT #</b> L05 0000 49938  |                                   |  |                        |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Limited Liability Company's Name<br>PINDCCHIO RUIZ LLC   |                                   |  |                        |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Office Address - No P.O. Box #<br>17011 N. BAY RD.<br>Suite, Apt. #, etc. 516<br>City & State<br>SUNNY ISLES, FL.<br>Zip 33160 Country US  |                                   | 3. Mailing Office Address<br>17011 N. BAY RD.<br>Suite, Apt. #, etc. 516<br>City & State<br>SUNNY ISLES, FL.<br>Zip 33160 Country US                                     |                        | 4. State/Country of Formation<br>FLA.<br>5. Date Organized or Qualified To Do Business in Florida 05/19/05<br>6. FEI Number 83-0430843<br>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status                       |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Name and Address of Current Registered Agent<br>Name ANA CAROLINA RUIZ<br>Street Address (P.O. Box Number is Not Acceptable) 17011 N. BAY RD.<br>Suite, Apt. #, Etc. 516<br>City SUNNY ISLES State FL Zip Code 33160   |                                   |  |                        | <input checked="" type="checkbox"/> 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.<br>Signature of Registered Agent (Signature) Date 01/19/10<br>REGISTERED AGENT MUST SIGN  |                                   |  |                        |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Names and Street Addresses of Managing Members/Managers   |                                   |  |                        |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>ANA CAROLINA RUIZ</td><td>17011 N. BAY RD. #516</td><td>SUNNY ISLES, FL. 33160</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> |                                   |  |                        |  |  | Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | MGRM | ANA CAROLINA RUIZ | 17011 N. BAY RD. #516 | SUNNY ISLES, FL. 33160 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Titles  | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager   | City / State / Zip     |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MGRM  | ANA CAROLINA RUIZ                 | 17011 N. BAY RD. #516  | SUNNY ISLES, FL. 33160 |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>REINSTATEMENT 2009-10</b>  |                                   |  |                        |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. E-mail Address: _____<br>(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.<br>Signature of Managing Member/Manager (Signature) Date 01/19/10 Daytime Phone # 786-344-9054<br>Typed or printed name of signing Managing Member/Manager _____           |                                   |  |                        |  |  |        |                                   |  |                    |      |                   |                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |