

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 4:01

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # L05000050490**

1. Limited Liability Company's Name

205 INVESTMENT, L.L.C.

CR2E041 (12/07)

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

9737 NW 41ST

Suite, Apt. #, etc.

#615

City & State

MIAMI, FLORIDA

Zip

33178-2924

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

SAME AS PRINCIPAL

City & State

SAME AS PRINCIPAL

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

05/20/2005

6. FEI Number

753201622

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

CABANAS & ASSOCIATES P.A.

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

10520 NW 26th ST

Suite, Apt. #, Etc.
C201

City

DORAL

State

FL

Zip Code

33172

☒ 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

Date 04/11/2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DOUGLAS RAFAEL HURTADO	10556 NW 26TH ST D101	DORAL, FLORIDA 33172
MGRM	LORELVY HURTADO	10556 NW 26TH ST D101	DORAL FLORIDA 33172

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REINSTATEMENT

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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 04/11/2008

Daytime Phone # 305-629-8191

Typed or printed name of signing Managing Member/Manager

DOUGLAS RAFAEL HURTADO