

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR -1 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900173971929
03/31/10--01042--017 **516.25
CR2E041 (11/09)

DOCUMENT # L05000051853

1. Limited Liability Company's Name

PUERTO VALLARTA, LLC

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

24811 S. Dixie Hwy

Suite, Apt. #, etc.

1

City & State

Princeton, FL

Zip

33032

Country

USA

3. Mailing Office Address

15403 SW 276 ST

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33032

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/24/2005

6. FEI Number

X

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

Horacio Ramirez

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

15403 SW 276 ST.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

☒ 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

X

REGISTERED AGENT MUST SIGN

Date X 3/22/2010

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
MGR	Ramirez, Horacio	15403 SW 276 ST.	Homestead, FL, 33032
Mgr.	Ramirez, Rosaura	15403 SW 276 ST.	Homestead, FL, 33032

REINSTATEMENT

08/10
AL

11. E-mail Address:

(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

X

Date

3/22/2010

Daytime Phone #

(205) 257-5012

Typed or printed name of signing Managing Member/Manager

X