

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 16, 2007 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L05000052846

1. Limited Liability Company's Name

**Mario Mondragon, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>2023 Lunetta St., Apt.A</b>		3. Mailing Office Address <b>2023 Lunetta St., Apt.A</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Navarre, FL 32566</b>		City & State <b>Navarre, FL 32566</b>	
Zip <b>32566</b>	Country <b>Santa Rosa</b>	Zip <b>32566</b>	Country <b>Santa Rosa</b>

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida **052705**

6. FEI Number  
**20-2911199**

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  
**Mario Mondragon**

Street Address (P.O. Box Number is Not Acceptable)  
**2023 Lunetta St., Apt.A**

Suite, Apt. #, Etc.

City  
**Navarre, FL 32566**

State  
**FL**

Zip Code  
**32566**

☒ 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 **Mario Mondragon**  
REGISTERED AGENT MUST SIGN

Date **2-9-07**

**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
Mbr-Mgr	Mario Mondragon	2023 Lunetta St., Apt.A	Navarre, FL 32566
Mbr-Mgr	Humberto Espinoza	1970 Lunette St.	Navarre, FL 32566

100088881651  
02/31/07--01017--015 \*\*100.00  
**REINSTATEMENT 06-07**

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 **Mario Mondragon** Date **2-9-07** Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Mario Mondragon**

February 2, 2007

Florida Department of State  
Florida Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32399

RE: 2005 For Profit Org. Reinstatement  
REINSTATEMENT FEE  
WAGE REQUEST

Organization: Mario Mondragon, LLC  
Document # L05000052846

In response to the State of Florida, Division of Corporation resolution to set Mario Mondragon, LLC in a inactive status, I immediately response hereby requesting abatement of all assessed charges relating to Mario Mondragon, LLC 2006 Annual Report filing for the good and reasonable cause stated herein.

I DID NOT RECEIVED the form to file the Annual Report or any kind of form related to this obligation.

I am very sorry about this delay and I hereby have taken note and implemented action and control to prevent reoccurrence of this infraction.

Thanks you in advance for your consideration of this request.

Sincerely,

*, mario mondragon*

Mario Mondragon  
MARIO MONDRAGON, LLC  
2023 Lunetta Street, Apt. A  
Navarre, FL 32566