

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000058329

1. Limited Liability Company's Name

SHANTY LLC

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

117 NW 42 AVE.

Suite, Apt. #, etc.

STE: 1100

City & State

MIAMI, FL

Zip

33126

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06-13-2005

6. FEI Number

14-1932223

☒ 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

SERGIO MOLINA

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

117 NW 42 AVE.

Suite, Apt. #, Etc.

STE: 1100

City

MIAMI

State

FL

Zip Code

33126

☒ 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

Sergio Molina

REGISTERED AGENT MUST SIGN

Date

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	SERGIO MOLINA	117 NW 42 AVE. STE: 1100	MIAMI, FL 33126

REINSTATEMENT 2006-2007

500113222005
12/10/07--01022--016 **100.00

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

Sergio Molina

Date **12-05-07**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

SERGIO MOLINA