

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800113436808
12/27/07--01030--002 **100.00

CR2E041 (1/07)

DOCUMENT # L05000060371

1. Limited Liability Company's Name

PLATIKA LLC

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

8550 NW 33RD ST

Suite, Apt. #, etc.

201

City & State

DORAL, FLORIDA

Zip

33122

Country

USA

3. Mailing Office Address

8550 NW 33RD ST

Suite, Apt. #, etc.

201

City & State

DORAL, FLORIDA

Zip

33122

Country

USA.

4. State/Country of Formation

FLORIDA / USA.

5. Date Organized or Qualified
To Do Business in Florida

09/15/2006

6. FEI Number

47-0955895

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

JOSE IBARRA

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

8550 NW 33RD ST

Suite, Apt. #, Etc.

201

City

DORAL

State

FL

Zip Code

33122

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/21/07

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
MGRM	JOSE IBARRA	8550 NW 33 RD ST SUITE 201	DORAL / FL / 33122
MGRM	JAVIER RAMIREZ	8550 NW 33 RD ST SUITE 201	DORAL / FL / 33122
MGRM	MIGUEL MERCED	8550 NW 33 RD ST SUITE 201	DORAL / FL / 33122

REINSTATEMENT

[Signature]

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

[Signature]

Date 12/21/07

Daytime Phone # 786-279-7974

OR 73

Typed or printed name of signing Managing Member/Manager

JAVIER RAMIREZ