


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
07 APR -4 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000063474**

Entity Name  
**EJEUNE AND SIX LLC**



Principal Place of Business  
**80 NW 42 AVENUE  
SUITE 516  
MIAMI, FL 33126**

Mailing Address  
**780 NW 42 AVENUE  
SUITE 516  
MIAMI, FL 33126**

06

BK



Principal Place of Business - No P.O. Box #  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country  
Zip  
Country

04032007 REIN-LLC CR2E101 (1/07)

4. Fil Number  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MEDRA, AURELIO A  
80 NW 42 AVENUE  
SUITE 516  
MIAMI, FL 33126**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

4-3-07

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!! FEE IS \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete	NAME MIRO, CLAUDIO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 780 NW 42 AVENUE SUITE 516	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS CITY-ST-ZIP	000096329510 04/10/07--01027--008 **100
TITLE MGRM <input type="checkbox"/> Delete	NAME MIRO, VICTORIA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 780 NW 42 AVENUE SUITE 516	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	

**REINSTATEMENT 2006-2007**

I hereby certify that the information furnished with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the secretary or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4.3.07**

SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_