

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUN 17 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000064852

1. Limited Liability Company's Name

The Planas Group, LLC

100182327921
06/18/10--01030--006 **\$16.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
c/o 100 Almeria Avenue

3. Mailing Office Address
same

Suite, Apt. #, etc.
#230

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Zip
33134

Country
USA

Zip

Country

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida **06/29/2005**

6. FEI Number

27-2853715

☐ 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
Luis Leopoldo Planas

Street Address (P.O. Box Number is Not Acceptable)
c/o 100 Almeria Avenue

Suite, Apt. #, Etc.
#230

City
Coral Gables

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date **06/10/10**

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	Luis Leopoldo Planas	c/o 100 Almeria Ave #230	Coral Gables, FL 33134

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

Date **06/10/10**

Daytime Phone # **305-735-2693**

Typed or printed name of signing Managing Member/Manager