


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 12 FEB 10 PM 3:52

DOCUMENT # L05000066272

1. Limited Liability Company's Name

7334 HARDING AVENUE, LLC

2009

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CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 8345 SW 2 STREET		3. Mailing Office Address P.O. BOX 441858	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33144	Country	Zip 33144	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 07/05/2005	
6. FEI Number 20-3467536	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **ORLANDO MENDEZ**

Street Address (P.O. Box Number is Not Acceptable)
8345 SW 2 STREET

Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33144**

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E-mail Address:

000221689870
02/13/12--01005--001 **855.00

(To be used for future annual report notices)

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 *Orlando Mendez* Date _____

REGISTERED AGENT MUST SIGN

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	ORLANDO MENDEZ	8345 SW 2 STREET	MIAMI, FL 33144

REINSTATEMENT 2009-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager *Orlando Mendez* Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____