

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL -8 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000070366

1. Limited Liability Company's Name

Astervoice LLC

300131585293
06/23/08--01039--003 **282.50

CR2E041 (12/07)

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

10773 NW 58TH ST

Suite, Apt. #, etc.

174

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

07/12/2005

6. FEI Number

20-3201291

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 L AGUILAR

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

10773 NW 58TH ST

Suite, Apt. #, Etc.

174

City

MIAMI

State

FL

Zip Code

33178

☒ 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

Jose Aguilar
REGISTERED AGENT MUST SIGN

Date 06/19/2008

400132654634

07/10/08 01029 010 **133.75

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 L AGUILAR	10773 NW 58TH ST #174	MIAMI / FLORIDA / 33178
MGMR	JESUS G MOGOLLON	10773 NW 58TH ST #174	MIAMI / FLORIDA / 33178

400132654634
07/10/08--01029--003 **5.00

REINSTATEMENT 06-08

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

Jose Aguilar
JOSE L AGUILAR

Date 06/19/2008

Daytime Phone # (786) 279-1612

Typed or printed name of signing Managing Member/Manager