

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 MAY -6 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200155126822  
05/01/09--01056--016 \*\*655.00

CR2E041 (10/08)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000072363

1. Limited Liability Company's Name

COQUI, LLC

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

8603 S. Dixie Highway

Suite, Apt. #, etc.

Ste. 208

City & State

Miami FL

Zip

33143

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☐ 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 A. ESPINO

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

355 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 801

City

CORAL GABLES

State

FL

Zip Code

33134

☐ 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

REGISTERED AGENT MUST SIGN

Date 4-28-09

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 MGR	Fernando Espino	8603 S. Dixie Highway, Ste. 208 Miami FL 33143	Miami FL 33143

REINSTATEMENT -06-07-08-09

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

Date

4/28/09

Daytime Phone #

305 588 3311

Typed or printed name of signing Managing Member/Manager

C.L.