

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -6 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000075034**

1. Limited Liability Company's Name

MEXINVEST LLC

CR2E041 (12/07)

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

18851 NE 29th AVE

Suite, Apt. #, etc.

SUITE 700

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

2520 CORAL WAY

Suite, Apt. #, etc.

SUITE 2189

City & State

CORAL GABLES FL

Zip

33145

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

AUGUST 1, 2005

6. FEI Number

760797920

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

JOHN TERCEK

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

18851 NE 29th AVE

Suite, Apt. #, Etc.

SUITE 700

City

AVENTURA

State

FL

Zip Code

33180

☐ 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 **1/29/08**

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
MANAGING MEMBER	JOHN TERCEK	18851 NE 29th AVE	AVENTURA FL 33180

REINSTATEMENT

06-08

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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

1/29/08

Daytime Phone #

305-607-5514

Typed or printed name of signing Managing Member/Manager

JOHN TERCEK