

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000081886

1. Entity Name  
CINEAR LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 26 AM 10:26

Principal Place of Business  
2686 NE 135 STREET  
N. MIAMI, FL 33181

Mailing Address  
2686 NE 135 STREET  
N. MIAMI, FL 33181

2. Principal Place of Business

3. Mailing Address

10242006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
04-3824395

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RANGEL, ALVARO  
2686 NE 135 STREET  
N. MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Diana Rangel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/24/06

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME RANGEL, DIANA  
STREET ADDRESS 12310 SW 148 TR  
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGR ☐ Delete  
NAME RANGEL, ALVARO  
STREET ADDRESS 2686 NE 135 STREET  
CITY-ST-ZIP N. MIAMI, FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100081253861  
CITY-ST-ZIP 10/26/06--01037--006 \*\*\$5.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Diana Rangel*

DIANA RANGEL

10/24/06

786-412 3225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #