

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 MAR -2 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # LC5 000082774

1. Limited Liability Company's Name

CINESTRESS LLC

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

1621 NW 79 AVE
Suite, Apt. #, etc.

3. Mailing Office Address

1356 CANARY ISLAND DR
Suite, Apt. #, etc.

City & State

MIAMI, FL
Zip 33126 Country USA

City & State

WESTON, FL
Zip 33327 Country USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/22/05

6. FEI Number

20-3386341

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

ALFONSO GONZALEZ

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

8000 NW 31 ST

Suite, Apt. #, Etc.

16

City

MIAMI, FL

State

FL

Zip Code

33122

☐ 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 02-10/09

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	ALFONSO GONZALEZ	8000 NW 31 ST	MIAMI, FL 33122
mgr	DIEGO CANTILLO	1356 CANARY ISLAND DR	WESTON, FL 33327
		800143411458 02/11/09--01041--001 **238.75	
		800143411458 02/25/09--01040--010 **416.25	
		REINSTATEMENT 07-09 AL	

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

D. Cantillo

Date 02-10/09 Daytime Phone # 9546382829

Typed or printed name of signing Managing Member/Manager

DIEGO CANTILLO