

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

Feb 07, 2008 8:00 A.M.  
Secretary of State

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

L05000083097

1. Limited Liability Company's Name

**L 05 0000 83097**

DEL ORBE TIRES, LLC

800117533918  
02/08/08--01001--001 \*\*277.50  
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
319 NW 32 STREET

3. Mailing Office Address  
319 NW 32 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip  
33127

Country  
USA

Zip  
33127

Country  
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/23/2005

6. FEI Number

20-3350515

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

LAZARO J. PEREZ

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

1699 CORAL WAY

Suite, Apt. #, Etc.

315

City

MIAMI

State

FL

Zip Code

33145

☒ 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 10/25/07

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|--------|--------------------------------------|---|--|
| MGR    | JUAN DEL ORBE                        | 319 NW 32 STREET                                  | MIAMI, FL 33127  |
|        |                                      |   | DM 83883-<br>000113304040<br>12/20/07--01028--004 **100.00 |
|        |                                      |   | 800117533918<br>02/08/08--01001--002 **138.75              |
|        |                                      |   | REINSTATEMENT 06-07-08                                     |
|        |                                      |   | MP   |

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 10/25/07

Daytime Phone

(786) 457-9146

Typed or printed name of signing Managing Member/Manager JUAN DEL ORBE, MANAGER

LLC did not receive a/k notice + when reinstatement was submitted it was rejected in error. Reinst. fee waived. pd 06/07/08 fees