PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 DEC -2 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000084489

1. Limited Liability Company's Name

Jose Guadalupe Rivera LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1804 Elk Dr.	1804 Elk Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 05/02/2006

6. FEI Number: 203368675 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

700187237947
10/29/10--01043--004 **105.00

700187237947
11/15/10--01003--005 **411.25

8. Name and Address of Current Registered Agent

Name: Jose Guadalupe Rivera

Street Address (P.O. Box Number is Not Acceptable): 1804 Elk Dr.

Suite, Apt. #, Etc.

City: Lakeland | State: FL | Zip Code: 33801

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: Guadalupe Rivera Date: 10/26/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Jose Guadalupe Rivera	1804 Elk Dr.	Lakeland FL 33801
MGR	Mateo Sebastian	2829 N. Martha Ave.	Lakeland FL 33805
	[redacted]		
MGR	Juan Manuel Garcia	1804 Elk Dr.	Lakeland FL 33801

REINSTATEMENT

08-10 AR

E-mail Address: borarios123@yahoo.com

(To be used for future annual report notifications)

I, the 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: Guadalupe Rivera Date: 10/02/10