

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 JAN 11 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600243569376  
01/11/13--01027--002 \*\*\$55.00

CR2E041 (1/11)

DOCUMENT # L0500091117

1. Limited Liability Company's Name

Rosa & Andres LLC.

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

7225 Port Marnock Dr

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33015

Country

Miami-Dade

3. Mailing Office Address

4445 W 16 AVE

Suite, Apt. #, etc.

Suite 602

City & State

Hialeah FL

Zip

33012

Country

Miami-Dade

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number

20-34-75135

Apply 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

Rosa Clavell

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

7225 Port Marnock Dr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

E-mail Address:

Rosaclavell@msn.com

(To be used for future annual report notices)

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date Jan 08/2013

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
MGRM	<u>Rosa Clavell</u>	<u>7225 Port Marnock Dr</u>	<u>Miami FL 33015</u>
MGRM	<u>Andres Rodriguez</u>	<u>7225 Port Marnock Dr</u>	<u>Miami FL 33015</u>

**REINSTATEMENT**

JAN 11 2013

R. HUNT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

*[Signature]*

Date Jan 08/13

Daytime Phone # (305) 362-6251

Typed or printed name of signing Managing Member/Manager