

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN 13 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000091391

1. Limited Liability Company's Name

IDEOBOX,LLC

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

2417 N. Miami Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33127

Country

USA

3. Mailing Office Address

2417 N. Miami Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33127

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Herman Leyba

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

600 NE 36 ST

Suite, Apt. #, Etc.

1706

City

Miami

State

FL

Zip Code

33137

☐ 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

Herman Leyba

REGISTERED AGENT MUST SIGN

Date 01/12/09

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
MGRM	Herman Leyba	2417 N. Miami Avenue	Miami, Florida. 33127
MGRM	Adolfo Wilson	2417 N. Miami Avenue	Miami, Florida. 33127
MGR	Luis M. Sanchez	2417 N. Miami Avenue	Miami, Florida. 33127

REINSTATEMENT

200140507002
01/13/09-01023--018 **\$55.00

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

Herman Leyba

Date 01/12/09

Daytime Phone # 305-206-5036