

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 12 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # 205 8000 93179

1. Limited Liability Company's Name

NELSON TORRES RENOVACION, LLC

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

10807 CYPRESS GLEN DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country

3. Mailing Office Address

10807 CYPRESS GLEN DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33071

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/21/2005

6. FEI Number

20-3507352

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

ADALBERTO LOPEZ

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

10871 NW 4TH DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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 July 9, 2008

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
MEMBER	<u>NELSON TORRES</u>	<u>10807 CYPRESS GLEN DRIVE</u>	<u>CORAL SPRINGS, FL 33071</u>

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08/07/08--01046--008 **277.50

REINSTATEMENT

07-08

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 7/9/08

Daytime Phone # 954 655 5194

Typed or printed name of signing Managing Member/Manager