

L05000097390

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -4 PM 2-05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000097390**

1. Limited Liability Company's Name

901 MCC, LLC.

Ob

500180232705
05/04/10--01031--007 **699.75

CR2E041 (11/09)

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

901 Brickell Key Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33131

Country

USA

Zip

Country

4. State/Country of Formation

FLorida

5. Date Organized or Qualified To Do Business in Florida

10/03/2005

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

Modesto Cabal

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

901 Brickell Key Drive

Suite, Apt. #, Etc.

#204

City

MIAMI

State

FL

Zip Code

33131

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/10

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 |
|--------|-----------------------------------|--|--------------------|
| MGR | Modesto Cabal | 901 Brickell Key Drive #204 | MIAMI, FL 33131 |
| | | | |
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| | | | |

REINSTATEMENT 2006-2010

11. E-mail Address: **CATICABAL@HOTMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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

[Signature]

Date

4/28/10

Daytime Phone #

786-205-0988

Typed or printed name of signor Managing Member/Manager

MODESTO CABAL