

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 1:25

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000101015

1. Limited Liability Company's Name

Caro Villota, LLC

600119943516
03/11/08--01015--019 **\$16.25

CR2E041 (12/07)

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

6840 Nova Drive

Suite, Apt. #, etc.

3. Mailing Office Address

6840 Nova Drive

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. State/Country of Formation

Florida USA

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

Gladys Mariela Villota Bedoya

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

6840 Nova Drive

Suite, Apt. #, Etc.

City

Davie, FL

State

FL

Zip Code

33317

☐ 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

see below

Date

REGISTERED AGENT MUST SIGN

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
<i>MEM</i>	Gladys Mariela Villota Bedoya	6840 Nova Drive	Davie, FL 33317

REINSTATEMENT 06-08

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

Gladys Mariela Villota Bedoya

Date 11-15-08

Daytime Phone # 786234-0699

Typed or printed name of signing Managing Member/Manager

Gladys Mariela Villota Bedoya