

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000103222

1. Limited Liability Company's Name

INVERSIONES ALB LLC

CR2E041 (1/11)

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

10902 NW 83 RD ST

Suite, Apt. #, etc.

103

City & State

MIAMI FL

Zip

33178

Country

US

3. Mailing Office Address

10902 NW 83 RD ST

Suite, Apt. #, etc.

103

City & State

MIAMI FL

Zip

33178

Country

US

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida 10/19/2005

6. FEI Number

203654290

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 **JIM SIERRA**

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

5550 NW 87 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

E-mail Address:

100211900031
09/08/11--01028--001 **125.00

dinatalebrigitte@cantv.net

(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

REGISTERED AGENT MUST SIGN

Date

9/14/11

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	DI NATALE, BRIGITTE	10902 NW 83 RD ST APT 103	MIAMI FL 33178
MGRM	OTI, ANGEL	10902 NW 83 RD ST APT 103	MIAMI FL 33178
MGRM	DI NATALE, LIDIA P	10902 NW RD ST APT 103	MIAMI FL 33178
MGRM	GUZMAN, ROMULO R	10902 NW RD ST APT 103	MIAMI FL 33178

REINSTATEMENT - 2011

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

Date 09/14/2011

Daytime Phone # 305 271-7310

Typed or printed name of signing Managing Member/Manager **BRIGITTE DI NATALE**

DA Reinstatement