

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

14 MAR -5 PM 2:58

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000110141

1. Limited Liability Company's Name

The Matrix Group 2005 LLC

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

11402 NW 41st Street

Suite, Apt. #, etc.

202

City & State

Miami, FL

Zip

33178

Country

USA

3. Mailing Office Address

11402 NW 41st Street

Suite, Apt. #, etc.

202

City & State

Miami, FL

Zip

33178

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/14/2005

6. FEI Number

20-3782787

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

Manuel J. Vadillo, Esq

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

11402 NW 41st Street

Suite, Apt. #, Etc.

Suite 202

City

Miami

State

FL

Zip Code

33178

E-mail Address:

200256773502
02/14/14--01027--008 **338.75

mjvadillo@torresvadillolp.com

(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

Manuel J. Vadillo

Date 2/4/14

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
MGRM	Victor A. Torres	320 Miracle Mile, Suite 201	Coral Gables, FL 33134
MGRM	Peter Melo	10431 NW 48th Street	Miami, FL 33178

REINSTATEMENT 12-14

5516.25

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 608.408, 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

Vadillo

Date 2/7/14

Daytime Phone # 786 39095980

Typed or printed name of signing Managing Member/Manager