

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 28 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200162261592
10/28/09--01037--017 **277.50

CR2E041 (12/07)

DOCUMENT # L05000118281

1. Limited Liability Company's Name

212136, LLC

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

18520 NW 67th Avenue

Suite, Apt. #, etc.

#248

City & State

Miami Lakes, Florida

Zip

33015

Country

3. Mailing Office Address

18520 NW 67th Avenue

Suite, Apt. #, etc.

#248

City & State

Miami Lakes, Florida

Zip

33015

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

12/12/2005

6. FEI Number

20-3971938

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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 SPIEGEL & UTRERA, P.A.

Registered Agent By: *Natalia Utrera*

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date 10/27/09

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	Ali, Hanan	18520 NW 67th Avenue, #248	Miami Lakes, Florida 33015
MGRM	Ali, Ameena	18520 NW 67th Avenue, #248	Miami Lakes, Florida 33015
MGRM	Jackson, Barbara	18520 NW 67th Avenue, #248	Miami Lakes, Florida 33015

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

Ameen Ali

Date 10/26/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Ameen Ali, Managing Member