

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000118780

1. Limited Liability Company's Name

PLUTARCO LLC

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

16805 SW 97th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

US

3. Mailing Office Address

16805 SW 97th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

US

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified
To Do Business in Florida

12/13/2005

6. FEI Number

204651117

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

JAVIER PELLETIER

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

16805 SW 97th AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

☒ 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

Javier Pelletier

Date **04/03/2008**

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	JESUS PELLETIER	16805 SW 97th AVE	MIAMI, FLORIDA 33157
Mgrm	NILDA PELLETIER	16805 SW 97th AVE	MIAMI, FLORIDA 33157
			3/21/08 01003 011
			* 238.75
			608122773586
			04/10/08--01005--011 **38.75

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

Jesus Pelletier

Date **04/03/2008**

Daytime Phone # **(786) 326-2865**

Typed or printed name of signing Managing Member/Manager **JESUS PELLETIER**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR - 8 AM 10:50

FILED

CR2E041 (12/07)