

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN -9 AM 11:56

**DOCUMENT # L05000120353**

1. Limited Liability Company's Name

Dismaus, LLC

400156950224  
06/09/09--01038--011 \*\*138.75  
200156062942  
05/15/09--01006--007 \*\*138.75

CR2E041 (10/08)

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

168 SE 1st. Street

Suite, Apt. #, etc.

601

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

168 SE 1st. Street

Suite, Apt. #, etc.

601

City & State

MIAMI, FL

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 12/19/06

6. FEI Number

20-4021769

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, PA

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

1840 SW 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  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
MGR	VICTOR S. MOLEA	168 SE 1st. Street, STE 601	MIAMI, FL 33131
MGR	EDUARDO PREPELITCHI	168 SE 1st. Street, STE 601	MIAMI, FL 33131

**REINSTATEMENT**

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

*E. Prepelitchi*

Date

5/12/09

Daytime Phone #

786-621-4335

Typed or printed name of signing Managing Member/Manager