

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2009 JUN 23 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000157434460  
06/19/09--01005--010 \*\*516.25  
CR2E041 (10/08)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 05000121465

1. Limited Liability Company's Name

JUDACI HOLDINGS, LLC

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

12531 W. Okeechobee Rd.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33016

Country

US

3. Mailing Office Address

12531 W. Okeechobee Rd.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33016

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/21/05

6. FEI Number

20-3979370

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

Rosenzweig, Nadel & Ferrero-Carr, LLP

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

301 W. Hallandale Beach Blvd.

Suite, Apt. #, Etc.

City

Hallandale Beach

State

FL

Zip Code

33009

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 6/12/09

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
MGR	Damaris E. Vega		
MGR	Cindy M. Rodriguez		
MGR	Juan Rodriguez	12531 W. Okeechobee Rd	Hialeah, FL 33016

**REINSTATEMENT 07-09 AL**

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

Date 6/12/09

Daytime Phone#

Typed or printed name of signing Managing Member/Manager