Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

REDLAND WAREHOUSES, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L06000002776

1. Limited Liability Company's Name
REDLAND WAREHOUSES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7901 NW 67TH ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: FL, 33166
Zip: 33166 / Country	Zip: 33166 / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida: 01/09/2006

6. FEI Number: 204454079 ☐ 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: RICARDO ORDONEZ

Street Address (P.O. Box Number Is Not Acceptable): 7901 NW 67TH ST

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33166

☐ 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: 5/5/09

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	RICARDO ORDONEZ	7901 NW 67TH ST	MIAMI FL 33166
MGRM	FERNANDO SERRANO	7901 NW 67TH ST	MIAMI FL 33166
MGRM	JOSE MUNIZ	7901 NW 67TH ST	MIAMI FL 33166
MGRM	ERMA CONSULTING	7901 NW 67TH ST	MIAMI FL 33166
MGRM	JOSEPH GUGGINO	7901 NW 67TH ST	MIAMI FL 33166

REINSTATEMENT 5-7-09

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application for reinstatement 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: 5/5/09 Daytime Phone#: 5-5-09

Typed or printed name of signing Managing Member/Manager: