

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 23 PM 1:56

DOCUMENT # L06000006562

1. Limited Liability Company's Name

**1930 NE 118TH ROAD LLC**

CR2E041 (10/08)

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

8023 NW 158TH TERR.

Suite, Apt. #, etc.

NA

City & State

MIAMI LAKES, FL.

Zip

33016

Country

USA

3. Mailing Office Address

8004 NW 154TH ST.

Suite, Apt. #, etc.

# 835

City & State

MIAMI LAKES, FL.

Zip

33016

Country

USA.

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

JAN. 1, 2006

6. FEI Number

43-2074208

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

**NELSON OLIVA**

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

8023 NW 158TH TERRANCE

Suite, Apt. #, Etc.

MIAMI LAKES, FL.

City

MIAMI LAKES

State

FL

Zip Code

33016

☒ 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

Nelson Oliva

REGISTERED AGENT MUST SIGN

Date 12/10/08

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
<u>Manager</u>	<u>NELSON OLIVA</u>	<u>ABOVE</u>	<u>FL, USA 33016</u>
			<u>500139839085</u>
			<u>01/07/09--01005--009 **277.50</u>

**REINSTATEMENT** 01-08

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

Nelson Oliva

Date

12/10/08

Daytime Phone #

305-395-3022

Typed or printed name of signing Managing Member/Manager

NELSON OLIVA