

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

63 DEC -9 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD6 000 017837**

1. Limited Liability Company's Name

Andave Holdings, LLC

2. Principal Office Address - No P.O. Box #
6630 S.W. 93rd Ave.

3. Mailing Office Address

6630 S.W. 93rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33173

Country

Miami-Dade

Zip

33173

Country

Miami-Dade

6. Name and Address of Current Registered Agent

Name

Rozencwaig, Nadel & Ferrero-Carr, LLP

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

301 W. Hallandale Beach Boulevard

Suite, Apt. #, Etc.

City

Hallandale Beach

State

FL

Zip Code

33009

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-4330071

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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	Damarys E. Vega	6630 S.W. 93rd Ave.	Miami, Florida 33173
MGR	Andres Vega	6630 S.W. 93rd Ave.	Miami, Florida 33173

REINSTATEMENT 07-08

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 608.408, 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 **12/8/08**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Andree Vega, Manager