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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

DE LA TORRE CARPENTRY, LLC

Certificate of Status	0
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Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06000019601

1. Limited Liability Company's Name
DE LA TORRE CARPENTRY ,LLC.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8377 W. 26 AVE.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HIALEAH, FL.	City & State
Zip 33016 Country USA	Zip Country

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 02-22-2006

6. FEI Number
51-0569856
☐ 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
ALEJANDRO DE LA TORRE

Street Address (P.O. Box Number is Not Acceptable)
8377 W. 26 AVE.

Suite, Apt. #, Etc.

City: HIALEAH | 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: Alejandro de la Torre — Date: 10-31-08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DE LA TORRE, ALEJANDRO	8377 W. 26 AVE.	HIALEAH, FLORIDA 33016

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 608.508, 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: 10-31-08 Daytime Phone # 786-260-1396

Typed or printed name of signing Managing Member/Manager: _____