

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 FEB 10 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L06000021955**

1. Limited Liability Company's Name

**INDUSTRIAS UNIVERSO, LLC.**

CR2E041 (10/08)

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

6103 NW 114 Place

Suite, Apt. #, etc.

270

City & State

Doral, FL

Zip

33178

Country

USA

3. Mailing Office Address

6103 NW 114 Place

Suite, Apt. #, etc.

270

City & State

Doral, FL

Zip

33178

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/01/2006

6. FEI Number

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

Carlos E. Mantilla

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

6103 NW 114 Place

Suite, Apt. #, Etc.

270

City

Doral

State

FL

Zip Code

33178

☒ 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

Date

REGISTERED AGENT MUST SIGN

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	Carlos E. Mantilla	6103 NW 114 Place #270,	Doral, FL 33178
MGR	Ana M. Lopez	6103 NW 114 Place #270,	Doral FL 33178

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

2/4/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager