

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 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000022472

1. Limited Liability Company's Name

ADRIANA PARK CONDOMINIUM, LLC.

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 **03/02/2006**

6. FEI Number

51-0568755

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	Industrias Universo, LLC.	6103 NW 114 Place #270,	Doral FL 33178

100143255661
02/10/09--01013--020 **416.25

REINSTATEMENT 08-09
2-10-09

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