

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

11 MAR 14 AM 10:10

DOCUMENT # L06000024792

1. Limited Liability Company's Name

HABANA ONE LLC

600196587686
03/02/11--01040--003 **793.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
6301 SW 33rd STREET

3. Mailing Office Address
6301 SW 33rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33155

Country

Zip
33155

Country
U.S.A.

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **03/08/2006**

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
HECTOR A TRUJILLO

Street Address (P.O. Box Number is Not Acceptable)
6301 SW 33rd STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33155

E-mail Address:

arc0pas1@bellsouth.net
(To be used for future annual report notices)

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 **3-9-11**

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	Hector A Trujillo	6301 SW 33rd ST	MIAMI, FL., 33155
MGRM	Geraldina Trujillo	6301 SW 33rd ST	MIAMI, FL., 33155
mgrm	Hector J Trujillo	6301 SW 33rd ST	MIAMI, FL., 33155
mgrm	Marlene V Corpas	10545 SW 74th Avenue	MIAMI, FL., 33165
	REINSTATEMENT 2007-2011		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **02/24/2011**

Daytime Phone # **786-287-0166**

Typed or printed name of signing Managing Member/Manager **HECTOR A TRUJILLO, MEMBER MANAGER**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAR 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 4, 2011

HABANA ONE LLC
6301 SW 33RD ST
MIAMI, FL 33155

SUBJECT: HABANA ONE L.L.C.
Ref. Number: L06000024792

We have received your document for HABANA ONE L.L.C. and your check(s) totaling \$793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00005388