

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # = L06000033796

1. Limited Liability Company's Name

MIAMI CRUZIN, LLC.

W10-17117

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

8855 COLLINS AVE

Suite, Apt. #, etc.

APT. # 3J

City & State

MIAMI, FL.

Zip

33154

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 133519

Suite, Apt. #, etc.

City & State

HALEAH, FL

Zip

33013

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/30/2006

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

LUIS CRUZ

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

8855 COLLINS AVENUE

Suite, Apt. #, Etc

APT. # 3-J

City

MIAMI, FL

State

FL

Zip Code

33154

☐ 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 4/29/10

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	LUIS CRUZ	8855 COLLINS AVE #3J	MIAMI, FL 33154
	L. SELLERS		
	JUN 17 2010		
	EXAMINER		
		REINSTATEMENT 07-10	

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

LUIS CRUZ

Date

4/2/2010

Daytime Phone #

(407) 802-0220

Typed or printed name of signing Managing Member/Manager