

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.06000034532

1. Limited Liability Company's Name

NATURAL RESOURCES OF AMERICA LLC

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

1859 N. PINE ISLAND RD

Suite, Apt. #, etc.

JACARANDA SQUARE

City & State

PLANTATION, FL

Zip

33322

Country

USA

3. Mailing Office Address

757 STANTON DR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 04/03/2006

6. FEI Number

20-4596324

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

JUAN L SANTANA

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

757 STANTON DR

Suite, Apt. #, Etc.

City

WESTON, FL

State

FL

Zip Code

33326

☒ 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 fee 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

EXAMINER

Date 10/3/08

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	HORACIO MEDINA	4076 TIMBER COVE LN	WESTON, FL 33332
MGR	ROBERT COLMENARES	15824 COTSWOLD CT	DAVIE, FL 33331
MGR	LUIS D RAMIREZ	1859 N PINE ISLAND RD	PLANTATION, FL 33322
MGR	ROGELIO LOZADA	598 SPINNAKER	WESTON, FL 33326
MGR	MIREYA RIPANTI	3300 NE 192ND ST # 1118	AVENTURA, FL 33180
MGR	JUAN L SANTANA	757 STANTON DR	WESTON, FL 33326

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

10/3/08

Daytime Phone #

9548022971

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 07-08

ADDITIONAL SHEETS: MANAGERS

MGR ALICIA MAYZ 598 SPINNAKER, WESTON FL 33326

MGR LUIS F SOSA 757 STANTON DR., WESTON, FL 33326

 10/7/08