

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 SEP 24 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09172009 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-4686189** Applied For  
**NOT APPLICABLE** Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROTH, LEONARD A ESQ  
ROTH, ROUSSO & KATSMAN, LLP  
18851 NE 29TH AVENUE, STE. 900  
AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to:  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PEREIRA, JOSE LUIS ☐ Delete  
STREET ADDRESS 19300 WEST DIXIE HWY.  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE MGR  
NAME FERREIRA, AUGUSTO GRANJA ☐ Delete  
STREET ADDRESS 19300 WEST DIXIE HWY.  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE MGR  
NAME PEREIRA, JORGE ☐ Delete  
STREET ADDRESS 19300 WEST DIXIE HWY.  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**600161004006**  
**09/24/09--01037--002 \*\*277.50**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

08-09