

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700156684487
06/02/09--01030--023 **416.25

CR2E041 (10/08)

DOCUMENT # L 06 0000 45188

1. Limited Liability Company's Name

Lazaro J. Perez, PLLC

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

1699 Coral Way

Suite, Apt. #, etc.

315

City & State

Miami, Florida

Zip

33145

Country

USA

3. Mailing Office Address

1699 Coral Way

Suite, Apt. #, etc.

315

City & State

Miami, Florida

Zip

33145

Country

USA

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 05/02/2006

6. FEI Number
20-4806907

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
Lazaro J. Perez, PLLC

Street Address (P.O. Box Number is Not Acceptable)
1699 Coral Way

Suite, Apt. #, Etc.
315

City
Miami

State
FL

Zip Code
33145

☒ 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 May 27, 2009

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	Lazaro J. Perez, PLLC	1699 Coral Way, #315	Miami, FL 33145

REINSTATEMENT 07-09

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 05/27/2009

Daytime Phone # 305-308-0144

Typed or printed name of signing Managing Member/Manager Lazaro J. Perez, PLLC