

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 25 PM 2:00

DOCUMENT # **LOG000050677**

1. Limited Liability Company's Name

C & H Communications, LLC

11/19/09--01002--013 **282.50

100162942991

11/19/09--01002--013 **282.50
CR2E041 (10/09)

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

3301 NE 1st Ave

3. Mailing Office Address

3301 NE 1st Avenue

Suite, Apt. #, etc.

1912

Suite, Apt. #, etc.

1912

City & State

Miami

City & State

Miami

Zip

33137

Country

USA

Zip

33137

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

5/17/2006

6. FEI Number

20-4884989

Applied For

Not Applicable

\$5.00 Additional Fee
required for a
Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☒

☒ 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.

8. Name and Address of Current Registered Agent

Name

Dennis Arbona

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

201 Jefferson Ave 1C

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

[Signature]

Date

11-7-09

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
Mgr	Cynthia Vidal	3301 NE 1st Ave #1912	Miami, FL 33137
Mgr	Hector Ferreyra	2650 SE 16th Terr. #106	Homestead FL 33035

REINSTATEMENT 2008, 2009

11. E-mail Address: **CYNTHIAJ888@yahoo.com**

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

[Signature]

Date

11/7/09

Daytime Phone #

954-274-

2120

Typed or printed name of signing Managing Member/Manager

CYNTHIA Vidal

T. Hampton NOV 30 2009