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# LIMITED LIABILITY REINSTATEMENT

## LEONBOA HOLDINGS, LLC

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000056067

1. Limited Liability Company's Name

LEONBOA HOLDINGS, LLC

CR2E041 (10/06)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 536 Biltmore Way | | 1591 NW 157 Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Coral Gables, Florida | | Pembroke Pines, Florida | |
| Zip | Country | Zip | Country |
| 33134 | USA | 33028 | USA |

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 05/31/2006

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: Andrew Cuevas, Esq

Street Address (P.O. Box Number is Not Acceptable): 536 Biltome Way

Suite, Apt. #, Etc.:

City: Coral Gables | State: FL | Zip Code: 33134

☑ 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 _____ Date 03/05/2009

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 |
|---|---|---|---|
| MGRM | Arelis Gamboa | 1591 NW 157 Avenue | Pembroke Pines, Florida 33028 |
| MGRM | Douglas Leon | 1591 NW 157 Avenue | Pembroke Pines, Florida 33028 |
| | | | |
| | REINSTATEMENT 04-09 | | |
| | | | |

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 608.408, 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 X _____ Date 3/9/09 Daytime Phone # 305 461-9500

Typed or printed name of signing Managing Member/Manager Arelis Gamboa