

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 JUL 27 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/23/10--01036--004 \*\*516.25

CR2E041 (05/10)

DOCUMENT # LD6000060682

1. Limited Liability Company's Name

MAYLEY, LLC

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

12901 N.W. 113 Ct

Suite, Apt. #, etc.

3. Mailing Office Address

12901 N.W. 113 Ct

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

33178

Country

USA

Zip

33178

Country

U.S.A.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

6/13/2006

6. FEI Number

20-5029654

☐ 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

Ramon Del Valle

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

7915 N.W. 162 Street

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

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

Ramon del Valle

REGISTERED AGENT MUST SIGN

Date

7/22/10

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
P	Mayra Del Valle	7915 N.W. 162 St	Miami Lakes, FL 33016
V.P.	Leylan Cardozo	7933 N.W. 158 Terr	Miami Lakes, FL 33016

**REINSTATEMENT - 08-10**

11. E-mail Address: mayra@dfwflight.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

7/22/10

Daytime Phone #

305-887-9692

Typed or printed name of signing Managing Member/Manager

[Signature]