

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 21 AM 8:55

DOCUMENT # L06000061411

1. Limited Liability Company's Name

SOLIS 3202, LLC

CR2E041 (10/08)

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

6045 NW 87TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33178

Country

USA

3. Mailing Office Address

6045 NW 87TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33178

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 06/15/2006

6. FEI Number

51-0587014

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

CABANAS & ASSOCIATES, P.A.

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

10520 NW 26TH STREET

Suite, Apt. #, Etc.

C 201

City

DORAL

State

FL

Zip Code

33172

☒ 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.

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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 OCTOBER 13, 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	DA CUNHA, ANTONIO J.	6045 NW 87TH AVENUE	MIAMI, FL. 33178
MGRM	PADRON, PETRA J.	6045 NW 87TH AVENUE	MIAMI, FL. 33178
MGRM	DA CUNHA, ANTONIO JOSE	6045 NW 87TH AVENUE	MIAMI, FL. 33178
MGRM	DA CUNHA, DANIEL A.	6045 NW 87TH AVENUE	MIAMI, FL. 33178
MGRM	DA CUNHA, RICARDO E.	6045 NW 87TH AVENUE	MIAMI, FL. 33178

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 OCT. 13/09

Daytime Phone # (407) 383 6486

Typed or printed name of signing Managing Member/Manager

ANTONIO J. DA CUNHA

REINSTATEMENT 2007-2009

T. Hampton OCT 22 2009