

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000063309**

1. Limited Liability Company's Name

ALEXANDRES INVESTMENTS, LLC

08 DEC 15 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137608738
11/04/08--01024--004 **138.75

~~1005 5350~~
CR2E041 (10/08)

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

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

STE 1040

City & State

CORAL GABLES, FL

Zip

33134

Country

3. Mailing Office Address

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

STE 1040

City & State

CORAL GABLES, FL

Zip

33134

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **06/21/2006**

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

EDUARDO R. SOTO

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

999 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

STE 1040

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

REGISTERED AGENT MUST SIGN

Date **10/29/2008**

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
MANAGER	Eduardo Soto	999 Ponce de Leon Suite 1040 Coral Gables FL	Coral Gables 33134
	L. SELLERS		800137608738 12/23/08--01015--014 **138.50
	DEC 17 2008		REINSTATEMENT
	EXAMINER		2007-2008

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 **10/29/08**

Daytime Phone # **(305)446-8686**

Typed or printed name of signing Managing Member/Manager **EDUARDO R. SOTO**