

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB 19 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZQUIERDO, SARA
47 N.W. 79 STREET
MIAMI, FL 33150

Name **FRANK FIGUEROA**

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

17510 NW 47 AVENUE

City **MIAMI**

FL

Zip Code **33055**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FIGUEROA, FRANK
STREET ADDRESS 17510 NW 47 AVENUE
CITY-ST-ZIP MIAMI, FL 33055

TITLE MGRM ☐ Change ☒ Addition
NAME Frank Figueroa
STREET ADDRESS 17510 NW 47 AVENUE
CITY-ST-ZIP MIAMI, FL 33055

TITLE ☒ Delete
NAME SARA IZQUIERDO
STREET ADDRESS 47 NW 79 STREET
CITY-ST-ZIP MIAMI, FL 33150

TITLE ☐ Change ☐ Addition
NAME 200115188402
STREET ADDRESS 01/15/08--01029--005 **282.50
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

786-523-9627

REINSTATEMENT 07-08