

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR -5 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000091647**

1. Limited Liability Company's Name

NURY ESTELAS ENTERPRISES, LLC

600200710506
04/06/11--01002--009 **\$16.00

E04: (1/07)

2. Principal Office & Address (No P.O. Box)

**8001 NE 2nd Ave
Miami, FL**

3. Mailing Office & Address

**PO Box 381578
Suite, Apt. #, etc.**

4. State/Country of Formation

Florida

5. Date Organized or Qualified in Florida

9/18/06

City & State

Miami, Florida

City & State

Miami, FL

6. FEI Number

74-3197253

Applied For

Not Applicable

Zip

33238

City

Miami-Dade

Zip

33238

Country

7. CERTIFICATE OF

STATUS DESIRED ☐

\$5.00 Additional Fee to obtain a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nury LOPEZ

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

8001 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33238

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations Chapter 608, F.S.

Signature of Registered Agent

Nury Lopez

11/30/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title

Name of Managing Member/Manager

Street Address of Each Managing Member/Manager

City / State / Zip

MEM Nury Lopez

**PO Box 381578
Miami, FL 33238**

Miami, FL 33238

REINSTATEMENT-2009-2011

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 for a 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 it is made under oath.

Signature of Managing Member/Manager

Nury Lopez

Date

4/30/11

Daytime Phone

Typed or printed name of signing Managing Member/Manager

Chapter 608, F.S. I further certify that when filing this reinstatement application for a 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 it is made under oath.

305-774-6906

C.S.