

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV 19 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000094293

1. Limited Liability Company's Name

MR Holdings LLC

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

6140 West 10 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6140 West 10 Ave

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33012

Country

City & State

Hialeah, Florida

Zip

33012

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/26/2006

6. FEI Number

37-1530040

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

Raiza Villacis Robaina

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

6140 West 10 Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

☐ 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

Raiza Villacis Robaina

REGISTERED AGENT MUST SIGN

Date November 13, 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
MGR	Raiza Villacis Robaina	6140 West 10 Ave	Hialeah, Florida 33012
		700137951447 11/14/08--01056--017 **372.50	

REINSTATEMENT -07-08

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

Raiza Villacis Robaina

Date

Nov. 13, 2008

Daytime Phone #

305 345.9238

Typed or printed name of signing Managing Member/Manager

Raiza Villacis Robaina