

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000096761

1. Limited Liability Company's Name

The Allied Group LLC.

000329886440

05/22/19--01020--015 **793.75

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

6964 SW 47 ST.

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Miami, FL.

City & State

Zip

33173

Country

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

Carlos Alonso

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

6964 SW 47 ST.

Apt. #, Etc

City

Miami

State

FL

Zip Code

33155

CR2E041 (1/14)

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

10/5/06

6. FEI Number

20-5658716

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/20/19

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Eliette Alonso	6964 SW 47 ST.	Miami, FL. 33155
MGR	Miriam Alonso	6964 SW 47 ST.	Miami, FL. 33155
			D SCOTT
			JUN 10 2019

11. E-mail Address

calonso2727@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Eliette Alonso

Date

5/20/19

Daytime Phone #

786 4886524

Typed or printed name of signing authorized representative/member