

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 27 PM 1:13

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

IMPORTS & EXPORTS LLC

800141897678
01/23/09--01058--002 **216.25
CR2E041 (10/08)

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

1620 NW 21 UNIT 37

Suite, Apt. #, etc.

UNIT A

City & State

MIAMI FL

Zip

33042

Country

USA

3. Mailing Office Address

1620 NW 21 ST

Suite, Apt. #, etc.

UNIT A

City & State

MIAMI FL

Zip

33042

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10-11-2006

6. FEI Number

20-5782354

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

HERIBERTO HERNANDEZ

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

1620 NW 21 ST

Suite, Apt. #, Etc.

UNIT A

City

MIAMI FL

State

FL

Zip Code

33142

☐ 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

Heriberto Hernandez

REGISTERED AGENT MUST SIGN

Date

1-20-09

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
	HERIBERTO HERNANDEZ	1700 NE 19 ST	MIAMI FL 33179

800141897678
01/23/09--01058--003 **300.00

JB

REINSTATEMENT 2007-09

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

Heriberto Hernandez

Daytime Phone #

786 2375700

Typed or printed name of signing Managing Member/Manager

Heriberto Hernandez