Jun 08 11 10:01a Armando 305-555-5555 p.1

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 JUN -8 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000103053

1. Limited Liability Company's Name

HISPANIC TARGET GROUP, LLC

300208613483

CR2E041 (1/11)

06/06/11 01003 022 $443.75

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5959 BLUE LAGOON DR.		5959 BLUE LAGOON DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 312		SUITE 312	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33130	USA	33130	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 10/23/2006

6. FEI Number: 208072738 ☐ 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: ARMANDO C. CHAPELLI, JR.

Street Address (P.O. Box Number is Not Acceptable): 5959 BLUE LAGOON DR.

Suite, Apt. #, Etc.: SUITE 312

City: MIAMI | State: FL | Zip Code: 33130

E-mail Address: cayolargo@aol.com
(To be used for future annual report notices)

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 _____ Date June 8, 2011
REGISTERED AGENT MUST SIGN

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	ARMANDO C. CHAPELLI, JR.	5959 BLUE LAGOON DR.,SUITE 312	MIAMI, FL 33130

REINSTATEMENT - 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, 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. 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 Managing Member/Manager _____ Date 6/8/2011 Daytime Phone # 305-804-6055

Typed or printed name of signing Managing Member/Manager: ARMANDO C. CHAPELLI, JR., MANAGER

C-L