

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000104418

1. Limited Liability Company's Name

ALERA GROUP, LLC

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

5232 NE 2ND TERRACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

Zip

33334

Country

USA

3. Mailing Office Address

5232 NE 2ND TERRACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

Zip

33334

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 10/26/2006

6. FEI Number
20-5814462

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

RAFAEL J. GOMEZ

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

5232 NE 2ND TERRACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33334

☒ 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

Date 10/24/2008

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
MGRM	MARIA A. ESPEJO	5232 NE 2ND TERRACE	FORT LAUDERDALE, FL 33334
MGRM	RAFAEL J. GOMEZ	5232 NE 2ND TERRACE	FORT LAUDERDALE, FL 33334

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

Date 10/24/2008

Daytime Phone #

Typed or printed name of signing Managing Member/Manager RAFAEL J. GOMEZ, MANAGING MEMBER

FILED

2008 OCT 29 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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