

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 DEC -9 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L06000107635**

1. Limited Liability Company's Name

**45 WEST 9TH STREET, LLC**

000188554860  
12/03/10--01032--007 \*\*\*735.00  
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #  
**2710 SW 22 AVENUE**

3. Mailing Office Address  
**2710 SW 22 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**11/06/2006**

6. FEI Number

☐ 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

**AMPARO TERRERO**

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

**2710 SW 22 AVENUE**

Suite, Apt. #, Etc.

City -

**MIAMI**

State

**FL**

Zip Code

**33133**

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

*Amparo Terrero*  
REGISTERED AGENT MUST SIGN

Date

**12/8/10**

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	AMPARO TERRERO	2710 SW 22 AVENUE	MIAMI, FL 33133
MGR	AMADO TERRERO	2710 SW 22 AVENUE	MIAMI, FL 33133
MGR	ILEANA FLICS	2710 SW 22 AVENUE	MIAMI, FL 33133

REINSTATEMENT 07/10  
RL

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

*Amparo Terrero*

Date

**12/8/10**

Daytime Phone #

**305 409-6434**

Typed or printed name of signing Managing Member/Manager