

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 PM 4:15

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

DOCUMENT # L06000107639

1. Limited Liability Company's Name

55 WEST 9TH STREET, LLC

700188554637
12/09/10--01032--006 **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	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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* Date 12/8/10
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	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			

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 _____

ATP