

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 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000107639

1. Limited Liability Company's Name

55 WEST 9TH STREET, LLC

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

2710 SW 22 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2710 SW 22 AVENUE

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

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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