

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 MAR -3 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000111437

1. Limited Liability Company's Name

PENA T CONSTRUCTION & CONSULTING SERV

700144783367  
03/03/09--01003--003 \*\*521.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 17100 COLLINS AVENUE		3. Mailing Office Address 17100 COLLINS AVENUE	
Suite, Apt. #, etc. SUITE 224		Suite, Apt. #, etc. SUITE 224	
City & State SUNNY ISLES BEACH, FL		City & State SUNNY ISLES BEACH, FL	
Zip 33160	Country MIAMI - DADE	Zip 33160	Country MIAMI - DADE

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida NOV. 17, 2006

6. FEI Number  
20-5922084

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 DOMINGO A PENA		
Street Address (P.O. Box Number is Not Acceptable) 4560 SW 68 COURT		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33155

☐ 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 02/25/2009

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	DOMINGO A PENA	4560 SW 68 COURT	MIAMI, FLORIDA. 33155

REINSTATEMENT

2007-2009  
JSM  
LSW

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 608.408, 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 02/25/09

Daytime Phone# 786-2290718.

Typed or printed name of signing Managing Member/Manager