

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000112800

1. Limited Liability Company's Name

LHM Enterprise Toscano LLC

2. Principal Office Address - No P.O. Box #
7400 West Flagler Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33144 USA

3. Mailing Office Address
7400 West Flagler Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33144 USA

4. State/Country of Formation **Florida**

5. Date Organized or Qualified
To Do Business in Florida **11/21/06**

6. FEI Number **20-5934696**
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 **Fernandez-Bergnes & Assoc PA**

Street Address (P.O. Box Number is Not Acceptable)
7400 West Flagler Street

Suite, Apt. #, Etc.

City State Zip Code
Miami FL 33144

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Luis Hernandez	7400 West Flagler Street	Miami, FL 33144
MGRM	Marianella Duncan	7400 West Flagler Street	Miami, FL 33144

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 608.408, 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 **3-31-10**

Daytime Phone # **305-648-7100**

Typed or printed name of signing Managing Member/Manager