

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000119620

1. Limited Liability Company's Name

THE NEW GIRALDA LLC

900136977029
10/16/08--01022--004 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
7501 SW 102ND ST

Suite, Apt. #, etc.

3. Mailing Office Address
7501 SW 102ND ST

Suite, Apt. #, etc.

City & State
MIAMI PINECREST, FL

City & State
MIAMI PINECREST, FL

Zip
33156

Country
US

Zip
33156

Country
US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 12/15/2006

6. FEI Number
20-8056537

☐ 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
TATIANA G. GUIRIBITEY

Street Address (P.O. Box Number is Not Acceptable)
7501 SW 102ND ST

Suite, Apt. #, Etc.

City
MIAMI PINESCREST

State
FL

Zip Code
33156

☒ 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 10/7/08

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 | TATIANA G. GUIRIBITEY | 7501 SW 102ND ST | MIAMI PINESCREST, FL 33156 |
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REINSTATEMENT 2007, 2008

FILED
2008 OCT 21 A 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608.406, 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

Date 10/7/08

Daytime Phone # (305) 446-7277

Typed or printed name of signing Managing Member/Manager

TATIANA G. GUIRIBITEY