

FILED

2011 OCT 13 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000003290

1. Limited Liability Company's Name

Agri-Biz Consulting

500213255485
10/13/11--01007--028 **\$85.00

CR2E041 (1/11)

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

5427 nw 41 st terrace

Suite, Apt. #, etc.

3. Mailing Office Address

5427 nw 41 st terrace

Suite, Apt. #, etc.

City & State

Boca raton

City & State

Boca raton

Zip

33496

Country

USA

Zip

33496

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

01/10/2007

6. FEI Number

20-8200067

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

Monica P. Escaleras

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

5427 nw 41 st Terrace

Suite, Apt. #, Etc.

City

Boca raton

State
FLZip Code
33496

E-mail Address:

mariowcardenas@gmail.com

(To be used for future annual report notices)

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 10/7/11

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
MNGR	Monica P. Esacleras	5427 nw 41st terrace	boca raton, fl 33496
MNGR	Mario W. Cardenas	5427 nw 41st terrace	boca raton, fl 33496

REINSTATEMENT
2008-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 10/7/2014

Daytime Phone # 561-866-4325

Typed or printed name of signing Managing Member/Manager

EXAMINER

OCT 14 2011