PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUL 29 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000020335

1. Limited Liability Company's Name

Alvarez, Almazan & Rodriguez, P.L.

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2151 LeJeune Road		7550 Red Road,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Mezzanine		Suite 208	
City & State		City & State	
Coral Gables		Miami, Florida	
Zip	Country	Zip	Country
33134	USA	33143	USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20-8510662 ☐ 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: Alexander Almazan

Street Address (P.O. Box Number is Not Acceptable): 7550 Red Road

Suite, Apt. #, Etc.: Suite 208

City: Miami, Florida | State: FL | Zip Code: 33143

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07/29/10--01031--003 **516.25

500183799875
07/29/10--01031--004 **5.00

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 July 18, 2010

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
Member	Alexander P Almazan	7550 Red Road, Suite 208	Miami, Florida 33143
Member	Benjamin Alvarez	2100 Ponce de Leon Blvd., Suite 750	Coral Gables, FL 33134
Member	Oscar J Rodriguez	4500 Le Jeune Road	Coral Gables, FL 33146

L. SELLERS
JUL 30 2010
EXAMINER

REINSTATEMENT 2008-2010

11. E-mail Address: aalmazan@almazanlaw.com
(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 _____ Date 7/19/10 Daytime Phone # 305 665 6681

Typed or printed name of signing Managing Member/Manager _____