

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000028891

1. Limited Liability Company's Name

BLANZAR INVESTMENTS LLC

2. Principal Office Address - No P.O. Box #  
5287 SW 38 WAY

3. Mailing Office Address  
5287 SW 38 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

U.S.

Zip

33312

Country

U.S.

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 03/16/2007

6. FEI Number  
20-8801992

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  
CRISTINA ALCAZAR

Street Address (P.O. Box Number is Not Acceptable)  
5287 SW 38 WAY

Suite, Apt. #, Etc.

City  
FORT LAUDERDALE

State Zip Code  
FL 33312

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

*Cristina Alcazar*

REGISTERED AGENT MUST SIGN

Date 06/07/2010

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
MGR	CESAR E. BLANCO	5287 SW 38 WAY	FORT LAUDERDALE, FL 33312
MGRM	CRISTINA ALCAZAR	5287 SW 38 WAY	FORT LAUDERDALE, FL 33312
			S. HAWKES
			JUN 16 2010
			EXAMINER

11. E-mail Address: cesarelias7@hotmail.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

*Cesar E. Blanco*

Date 06/07/2010

Daytime Phone # (954) 394-4211

Typed or printed name of signing Managing Member/Manager