

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 OCT 25 AM 9:21

DOCUMENT # L07000029698

1. Limited Liability Company's Name
Boriqua Consulting PL

2. Principal Office Address - No P.O. Box #
576 NE 199th TER

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33179

Country
USA

3. Mailing Office Address
576 NE 199th TER

Suite, Apt. #, etc.

City & State
Miami, FL

331798

Country
USA

8. Name and Address of Current Registered Agent

Name
Michael D Valerio

Street Address (P.O. Box Number is Not Acceptable) Suite,
576 NE 199th TER

Apt. #, Etc.

City
Miami

State
FL

Zip Code
33179

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Michael D Valerio

Date **10/11/2016**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers:

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|---|--|--------------------|
|--------|---|--|--------------------|

| | |
|-----|-----------------|
| M6R | Michael Valerio |
|-----|-----------------|

576 NE 1991ⁿ T₂

miami, FL

OCT 25 2016

R. HUNT

REINSTATEMENT

11. E-mail Address: **mdsvalerio@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Michael D Valerio

10/11/2016

Daytime Phone # _____

305-733-9537

Typed or printed name of signing authorized representative/member

Michael D Valerio