

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 16 PM 12:08

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000045343

1. Limited Liability Company's Name

ALONDRAS PROPERTIES LLC

2. Principal Office Address - No P.O. Box #
1990 SWEETBAY WAY

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

Zip Country
330194884 US

3. Mailing Office Address
711 SW 28TH ROAD

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
331292525 US

4. State/Country of Formation
FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida APRIL 30, 2007

6. FEI Number

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
LUIS LUCAS FERNANDEZ, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
711 SW 28TH ROAD

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 331292525

☐ 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 MARCH 10, 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
MGRM	ISABEL FERREYRA AYCINENA	1990 SWEETBAY WAY	HOLLYWOOD FL 330194884
MGR	LUIS LUCAS FERNANDEZ	711 SW 28TH ROAD	MIAMI, FL 331292525

REINSTATEMENT 2008-2010

11. E-mail Address: luislucas@luislucaslaw.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 03/10/2010

Daytime Phone # 305.285.2401

Typed or printed name of signing Managing Member/Manager LUIS LUCAS FERNANDEZ