

**L070000 57259**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

12 MAY 31 PM 4:10

*Ryk*

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CR2E041 (1/11)

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # L0700057259

1. Limited Liability Company's Name

**Alaimo Group, LLC**

2. Principal Office Address - No P.O. Box # 2801 S.W. 3rd Avenue		3. Mailing Office Address <i>2009</i> 2801 S.W. 3rd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33129	Country	Zip 33129	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida May 30, 2007	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Gonzalez & Rodriguez, PL <i>BRL</i>			
Street Address (P.O. Box Number is Not Acceptable) 999 Ponce De Leon Blvd.			
Suite, Apt. #, Etc. Suite 1135			
City Coral Gables	State FL	Zip Code 33134	

E-mail Address:  hrodriguez@gr-law.net (To be used for future annual report notices)
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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 *[Signature]* Date 5-31-2012

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
MMGR	Calogero Alaimo	2801 S.W. 3rd Avenue	Miami, FL 33129

**REINSTATEMENT** 2009-2012

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 608.406, 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. 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 *[Signature]* Date 5-31-2012 Daytime Phone # 305-461-4880

Typed or printed name of signing Managing Member/Manager Calogero Alaimo