

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB 25 AM 10:37

DOCUMENT # LO 7000072622

1. Limited Liability Company's Name

LXIV Financial Solutions, LLC

SECRETARY OF STATE
100168428161
02/25/10--01042--001 **138.75

100168428161
02/10/10--01028--013 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
16009 SW 155th CT

3. Mailing Office Address

P.O. Box 260994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33187

Country

USA

Zip

33126

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

7-12-2007

6. FEI Number

33-117-2972

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 J. Vazquez

Street Address (P.O. Box Number is Not Acceptable)

16009 SW 155th CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

☒ 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.

100168428161

02/10/10--01028--014 **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

REGISTERED AGENT MUST SIGN

Date 2-4-10

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	Bartiliz Vazquez	16009 SW 155th CT	Miami, FL 33187
MGR	Joeliz Vazquez	16009 SW 155th CT	Miami, FL 33187
MGRN	Luis J. Vazquez	16009 SW 155th CT	Miami, FL 33187

11. E-mail Address: lxiv@yahoo.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 2-4-10

Daytime Phone #

786-586-6251

Typed or printed name of signing managing member/manager

Luis J. Vazquez