

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR -3 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700171036007  
03/02/10--01041--006 \*\*416.25

CR2E041 (11/09)

DOCUMENT # L07000083887

1. Limited Liability Company's Name

GREEN WAY FRUITS, LLC

2. Principal Office Address - No P.O. Box #

6135 NW 167 STREET

Suite, Apt. #, etc.

UNIT E-20

City & State

MIAMI, FL

Zip

33015

Country

USA

3. Mailing Office Address

3330 NE 190 STREET

Suite, Apt. #, etc.

#1217

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified  
To Do Business in Florida

8/15/2007

6. FEI Number

NONE

☒ 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

FERNANDO PLASTINO

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

3330 NE 190 STREET

Suite, Apt. #, Etc.

#1217

City

AVENTURA

State

FL

Zip Code

33180

XXA \$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 2/24/2010

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	FERNANDO PLASTINO	3330 NE 190 ST. #1217	AVENTURA, FL 33180
			S. HAWKES
			MAR 4 2010
	REINSTATEMENT		EXAMINER
	2008-10		

11. E-mail Address:

(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 2/24/2010

Daytime Phone # 305-372-2800

Typed or printed name of signing Managing Member/Manager

Fernando Plastino