

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000096935

1. Limited Liability Company's Name

MARGARITA TELECOM LLC

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

7878 NW 46 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

US

3. Mailing Office Address

7878 NW 46 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

US

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

09/24/2007

6. FEI Number
77-0702716

☐ 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

CABANAS & ASSOCIATES, P.A.

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

10520 NW 26TH STREET

Suite, Apt. #, Etc.

C 201

City

DORAL

State

FL

Zip Code

33172

☒ 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 12, 2009**

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	BARITO, CARLOS M SR	5678 SW 196 LANES	SOUTHWEST RANCHES, FL.33332
MGRM	MORENO, REGULO E SR	839 NW 208 WAY #358	PEMBROKE PINES, FL. 33029

REINSTATEMENT

108-09

03-18-09

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.

Signature of
Managing Member/Manager

Date **03/12/09**

Daytime Phone # **(786) 340 7698**

Typed or printed name of signing Managing Member/Manager **REGULO E. MORENO SR**

FILED

2009 MAR 17 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800145991978
03/17/09--01010--016 **277.50

CR2E041 (10/08)