

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000112745

1. Limited Liability Company's Name

Leelanda LLC

700184261337
08/11/10--01032--003 **516.25

CR2E041 (05/10)

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

5161 Collins Ave

Suite, Apt. #, etc.

#306

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

5333 Collins Ave

Suite, Apt. #, etc.

#1106

City & State

Miami Beach, FL

Zip

33140

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

11/07/2007

6. FEI Number

26-1399470

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

Yolanda Escollies

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

5333 Collins Ave

Suite, Apt. #, Etc.

#1106

City

Miami Beach

State

FL

Zip Code

33140

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]

REGISTERED AGENT MUST SIGN

Date

7/30/10

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
MGRM	<u>Yolanda Escollies</u>	<u>5333 Collins Ave</u>	<u>Miami Beach, FL 33140</u>
MGRM	<u>Leonor Rodriguez</u>	<u>700 Columbus Ave</u>	<u>NYC, NY 10025</u>

REINSTATEMENT 08/10

11. E-mail Address: landa3@hotmail.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

[Signature]

Date

7/30/10

Daytime Phone #

305-322-6928

Typed or printed name of signing Managing Member/Manager