

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000113320

1. Limited Liability Company's Name

DE LEON CORADO INVESTMENTS LLC

08

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

1923 SE 10 STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

Zip

33035

Country

US

3. Mailing Office Address

1923 SE 10 STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

Zip

33035

Country

US

4. State/Country of Formation

FLORIDA. US.

5. Date Organized or Qualified

To Do Business in Florida 11/07/2007

6. FEI Number

☐ 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

DE LEON FERNANDO

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

1923 SE 10 STREET

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33035

☒ 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 9/29/2009

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	DE LEON FERNANDO	1923 SE 10 STREET	HOMESTEAD, FL. 33035. US.

REINSTATEMENT without Penalty
2008-2009 up 10/7/09

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 9/29/2009

Daytime Phone # 786-236-2611

Typed or printed name of signing Managing Member/Manager

FERNANDO DE LEON