

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

277.50

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 MAR -2 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L07000114884

1. Limited Liability Company's Name

Regis 1702 LLC

500171051855  
03/02/10--01045--016 \*\*138.75  
CR2E041 (11/09)

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

1500 San Remo Avenue

Suite, Apt. #, etc.

Suite 248

City & State

Coral Gables, FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33146

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/14/2007

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

Pablo R. Bared, Esq.

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 248

City

Coral Gables

State  
FL

Zip Code  
33146

☒ 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 2/12/2010

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
MD mgzm	Angel Junquera	1500 San Remo Avenue #248	Coral Gables, FL 33146

02/16/10--01053--007 \*\*555.00

11. E-mail Address: mimi@baredlaw.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 2/12/2010 Daytime Phone # 305-666-6010 x12

Typed or printed name of signing Managing Member/Manager