

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUL 15 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/12/10--01060--003 \*\*516.25

CR2E041 (05/10)

DOCUMENT # L07000122903

1. Limited Liability Company's Name

**ALL WORLD ENTERPRISES, LLC**

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

17050 NW 81 AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33016

Country

USA

3. Mailing Office Address

17050 NW 81 AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33016

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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 **YAIMA MOLINA**

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

17050 NW 81 AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33016

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

Date **7/6/2010**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| MGR    | YAIMA MOLINA                         | 17050 NW 81 AVE                                   | HIALEAH, FL 33016     |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   | JB                    |
|        |                                      |   | REINSTATEMENT 2008-10 |

11. E-mail Address: yai15@bellsouth.net

(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 **7/6/2010**

Daytime Phone # **305 829 2395**

Typed or printed name of signing Managing Member/Manager **YAIMA MOLINA**