

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

 FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR -2 PM 2:44

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CR2E041 (11/09)

DOCUMENT # L07000124314

1. Limited Liability Company's Name

MARIA'S PLACE LLC

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

2021 SW 3rd AVENUE

Suite, Apt. #, etc.

SUITE 1203

City &amp; State

MIAMI, FL

Zip

33129

Country

3. Mailing Office Address

2021 SW 3rd AVENUE

Suite, Apt. #, etc.

SUITE 1203

City &amp; State

MIAMI, FL

Zip

33129

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1/7/2004

6. FEI Number

20-0586856

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

SERGIO RUBALCABA

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

2021 SW 3rd AVENUE

Suite, Apt. #, Etc.

SUITE 1203

City

MIAMI

State

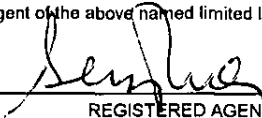
FL

Zip Code

33129

☒ 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


Date 3/23/2010

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Managing Members/Managers

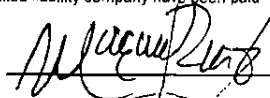
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARIA ALMEIDA	2021 SW 3rd AVENUE, SUITE 1203	MIAMI, FL 33129

REINSTATEMENT 2009, 2010

11. E-mail Address

(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 3/23/2010

Daytime Phone # (305) 225-8996

Typed or printed name of signing Managing Member/Manager MARIA ALMEIDA