

L08000020006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 10 PM 1:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000020006

1. Limited Liability Company's Name

Asia 2304, LLC

(17)

JK

CR2E041 (1/11)

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

601 Brickell Key Drive

Suite, Apt. #, etc.

702

City & State

Miami FL

Zip

33131

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified To Do Business in Florida

2/25/2008

6. FEI Number

98-0583671

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

Gerardo A. Vazquez P.A.

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

601 Brickell Key Drive

Suite, Apt. #, Etc.

702

City

Miami

State

FL

Zip Code

33131

E-mail Address:

LA@gvazquez.com

(To be used for future annual report notices)

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 10/7/2011

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
MEM	Gabriel Moscona	601 Brickell Key Dr # 702	Miami FL 33131

REINSTATEMENT

2011

JK

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date

10/7/2011

Daytime Phone #

305.371.8004

Typed or printed name of signing Managing Member/Manager