

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 FEB -1 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000030510

1. Limited Liability Company's Name

MIRAMAR TRADE LOGISTICS

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

2413 SW 13TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

USA

3. Mailing Office Address

2845 NE 185TH STREET

Suite, Apt. #, etc.

904

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

08-08

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Cecilio Aponte

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

7300 N. Kendall Ave. #201

Suite, Apt. #, Etc.

201

City

MIAMI

State

FL

Zip Code

33156

E-mail Address:

400193058424

02/01/11--01023--005 **521.25

CECILIO@MIAMI400.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. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OWN	NADIEZHDA DELGADO	2845 NE 185TH ST MIAMI 4	AVENTURA, FL, 33180
MNG	CARLOS RODRIGUEZ	2845 NE 185TH ST MIAMI 904	AVENTURA, FL, 33180
		J. SAULSBERRY EXAMINER	
		FEB 03 2011	
			REINSTATEMENT 2010-11

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

01/26/11

Daytime Phone #

8059674633

Typed or printed name of signing Managing Member/Manager