

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000041267

1. Limited Liability Company's Name
CAMILA, LLC

FILED
2020 JUL 23 P 2:32

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2. Principal Office Address - No P.O. Box # 2965 BARRETT AVENUE		3. Mailing Office Address 2965 BARRETT AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES		City & State NAPLES	
Zip 34112	Country US	Zip 34112	Country US

CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 04/24/2008	
6. FEI Number 26-4028660	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
NJ LAW PLLC

Street Address (P.O. Box Number is Not Acceptable) Suite.
3411 TAMiami TRAIL N.

Apt. #, Etc
STE. 100

City NAPLES	State FL	Zip Code 34103
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Reinst
DC
7-31-20

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Joseph* Date 01/14/2020
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	Yolanda V. De Jimenez	2965 BARRETT AVENUE	NAPLES, FL 34112

11. E-mail Address: nabil@njlawflorida.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member Yolanda V de Jimenez Date _____ Daytime Phone # 239-920-5228
Typed or printed name of signing authorized representative/member Yolanda V. De Jimenez