

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000042994

1. Limited Liability Company's Name

PONDEROSA PINE ACRES, LLC

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

7740 SW 183 Terrace

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL

Zip

33157

Country

US

3. Mailing Office Address

7740 SW 183 Terrace

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL

Zip

33157

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

04/29/2008

6. FEI Number

41-2259681

☐ 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

Vincent J. Altino, Esq.

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

2101 West Commercial Blvd.

Suite, Apt. #, Etc.

Suite 2800

City

Fort Lauderdale

State

FL

Zip Code

33309

REINSTATEMENT

2009-10 Jan

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

*Vincent J. Altino*  
REGISTERED AGENT MUST SIGN

Date

6/8/10

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
MGR	Alberto Muxo	7740 SW 183 Terrace	Palmetto Bay, FL 33157

11. E-mail Address: betty@rsflaw.com

(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

*Alberto Muxo*

Date

6/10/10

Daytime Phone #

305-235-4114

Typed or printed name of signing Managing Member/Manager

Alberto Muxo