

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**14 APR -8 am 6:32**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 09000025003

1. Limited Liability Company's Name

**CORGORO, LLC**

CR2E041 (1/14)

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

**4000 Ponce de Leon Blvd**

3. Mailing Office Address

**4000 Ponce de Leon Blvd**

Suite, Apt. #, etc.

**Suite 570**

Suite, Apt. #, etc.

**Suite 570**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip

**33146**

Country

**USA**

Zip

**33146**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**3/13/2009**

6. FEI Number

**32-0287607**

☐ 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

**Jeffrey S. Tanen**

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

**4000 Ponce de Leon Boulevard**

Suite, Apt. #, Etc.

**Suite 570**

City

**Coral Gables**

State

**FL**

Zip Code

**33146**

**300258777933**  
**04/08/14--01016--005 \*\*377.50**

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

REGISTERED AGENT MUST SIGN

Date **4/8/14**

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
MGR	Hector Augusto Roque Dumontet	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146
MGR	Gonzalo Correa	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146
MGR	Rodolfo Correa	4000 Ponce de Leon Blvd, Suite 570	Coral Gables, FL 33146

**APR 9 2014**

**L. SELLERS**

**REINSTATEMENT**

**2014**

11. E-mail Address: **itanen@tanenlaw.net**

(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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **4/8/14**

Daytime Phone # **(305) 374-3250**

Typed or printed name of signing Authorized Representative/Manager **Jeffrey S. Tanen, as Attorney in Fact**