FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 APR 24 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100231091591
04/24/12--01007--019 **377.50

CR2E041 (1/11)

DOCUMENT # L09000046081

1. Limited Liability Company's Name

4202 The Plaza, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4539 NW 98 Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33178 Country: U.S.	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/12/2009

6. FEI Number: ☒ 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 PA.

Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Dr. #702

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33131

E-mail Address: LAG@vazquez.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 _____ Date 4.11.2012
REGISTERED AGENT MUST SIGN

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
MGRM	Francesca Latartera	4539 NW 98 Ave. Miami FL 33178	Miami FL 33178
MGRM	Giuseppe Latartera	4539 NW 98 Ave. Miami FL 33178	Miami FL 33178
MGRM	FABio La Tartera	4539 NW 98 AV Miami FL 33178	Miami FL 33178

REINSTATEMENT 2011-2012

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 608.508, 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 an effective 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.

EXAMINER

Signature of Managing Member/Manager _____ Date 4.11.2012 Daytime Phone # _____

APR 25 2012

Typed or printed name of signing Managing Member/Manager

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RECEIVED
12 APR 24 PM 12:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4202 The Plaza, LLC

Copy Attached

Signature

Requested by: SETH 04/23/12 _____
Name Date Time

Walk-In _____ Will Pick Up _____

174 Pender's Printing • Thomasville GA 8/00

_____ Art of Inc. File_____
_____ LTD Partnership File_____
_____ Foreign Corp. File_____
_____ L.C. File_____
_____ Fictitious Name File_____
_____ Trade/Service Mark_____
_____ Merger File_____
_____ Art. of Amend. File_____
_____ RA Resignation_____
_____ Dissolution / Withdrawal_____
X Annual Report / Reinstatement_____
_____ Cert. Copy_____
_____ Photo Copy_____
_____ Certificate of Good Standing_____
_____ Certificate of Status_____
_____ Certificate of Fictitious Name_____
_____ Corp Record Search_____
_____ Officer Search_____
_____ Fictitious Search_____
_____ Fictitious Owner Search_____
_____ Vehicle Search_____
_____ Driving Record_____
_____ UCC 1 or 3 File_____
_____ UCC 11 Search_____
_____ UCC 11 Retrieval_____
_____ Courier_____