

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000098740

1 Limited Liability Company's Name

Catena Group Holdings LLC

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

1911 NW 150th Ave.

Suite, Apt. #, etc.

#201

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

3. Mailing Office Address

1911 NW 150th Ave.

Suite, Apt. #, etc.

#201

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/13/2009

6. FEI Number

27-1127270

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

Peter M. Lopez, P.A.

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

1911 NW 150th Ave.

Suite, Apt. #, Etc.

#201

City

Pembroke Pines

State

FL

Zip Code

33028

E-mail Address:

200220806572
02/07/12--01025--023 **516.25

pmlopezpa@yahoo.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

1/31/12

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	Ena Espino	1911 NW 150th Ave. #201	Pembroke Pines, FL 33028
MGRM	Catalina Martinez	1911 NW 150th Ave. #201	Pembroke Pines, FL 33028

REINSTATEMENT 10-12

02-8-12

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

1/31/2012

Daytime Phone #

954-436-6111

Typed or printed name of signing Managing Member/Manager

Ena Espino