PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 APR 12 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Limited Liability Company's Name

MIS NINAS, LLC

REINSTATEMENT 2012-18

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
900 SOUTH BISCAYNE BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 909	
City & State	City & State
Miami , Florida	
Zip / Country	Zip / Country
33131 / USA	

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/24/2011

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: ROSE DE LOS ANGELES ACOSTA

Street Address (P.O. Box Number is Not Acceptable) Suite: 900 SOUTH BISCAYNE BLVD

Apt. # Etc: Suite 909

City: Miami , Florida | State: FL | Zip Code: 33131

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 _____ Date 4/3/18
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
MGR	Jose Daniel Varela Blanco	900 SOUTH BISCAYNE BLVD	MIAMI, FL 33131
MGR	Marisol Pose Fernandez	900 SOUTH BISCAYNE BLVD	MIAMI, FL 33131

11. E-mail Address: Elvalle01@gmail.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 _____ Date 4/3/18 Daytime Phone # 305-342-5511

Typed or printed name of signing authorized representative/member: Manager