

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000137736

1. Limited Liability Company's Name
FIDOCA 3501 LLC

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

55 SE 6th Street

Suite, Apt. #, etc.

Suite-2903

City & State

Miami, Florida

Zip

33131

Country

US

3. Mailing Office Address

55 SE 6th Street

Suite, Apt. #, etc.

Suite 2903

City & State

Miami, Florida

Zip

33131

Country

US

8. Name and Address of Current Registered Agent

Name

PEDRO P. SAEZ

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

777 Brickell Avenue, Suite 1110

Apt. #, Etc.

City

Miami

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **06/08/2016**

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	Francisco Finizola Celli	55 SE 6th St Suite 2903	Miami, FL 33131
MGR	Francisca Finizola D'Onghia	55 SE 6th St Suite 2903	Miami, FL 33131
MGR	Maria Giovanna D'Onghia Finizola	55 SE 6th St Suite 2903	Miami, FL 33131
MGR	Patricia D'Onghia Finizola	55 SE 6th St Suite 2903	Miami, FL 33131
MGR	Pedro Pablo D'Onghia Finizola	55 SE 6th St Suite 2903	Miami, FL 33131

11. E-mail Address: **psaez@saezlaw.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. and I 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

[Signature]
06/08/2016

Daytime Phone #

(305) 358 0028

Typed or printed name of signing authorized representative/member

Pedro P. Saez

RECEIVED
16 JUN 10 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **11/18/2011**

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

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