

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JAN -2 AM 8:12
RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # L12000073908

1. Limited Liability Company's Name

VALME REALTY & LAND DEVELOPMENT
CO., LLC

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

1031 IVES DAIRY ROAD
Suite, Apt. # etc.
ste 228

City & State

MIAMI, FL

Zip

33179

Country

USA

3. Mailing Office Address

1031 IVES DAIRY ROAD
Suite, Apt. # etc.
ste 228

City & State

MIAMI, FL

Zip

33179

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

06/04/2012

6. FEI Number

455 474 038

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name
EMMANUEL KARMA Roly Valme

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

18220 NW 3rd Avenue

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33169

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

Emmanuel Karma Roly Valme

REGISTERED AGENT MUST SIGN

Date 12-30-14

200267894692
12/31/14--01024--005 **5.00

200267894692
12/31/14--01024--004 **238.75

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
CEO	EMMANUEL Valme	18220 NW 3rd Ave	Miami Gardens, FL 33169

REINSTATEMENT

JAN 02 2014

R. HUNT

11. E-mail Address

KREY_86@hotmail.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 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 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

Emmanuel Karma Roly Valme

Date

12-30-14

Daytime Phone #

954-260-9887

Typed or printed name of signing Authorized Representative/Manager

EMMANUEL KARMA Roly Valme