PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 FEB 26 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000085855

1. Limited Liability Company's Name

649 NE 33 TERR, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11925 SW 88th Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33176 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/28/2012

6. FEI Number: 45-5603811 ☐ 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: EFRAIN VALDES JR

Street Address (P.O. Box Number is Not Acceptable): 11925 SW 88th Court

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33176

400269927234
02/24/15--01028--006 **516.25

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 2/13/15

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	Efrain Valdes, Jr.	11925 SW 88th St	Miami, FL 33176
MGR	Gladys Valdes	11925 SW 88th St	Miami, FL 33176

REINSTATEMENT
2013 2015

11. E-mail Address: efrainjr@gate.net
(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 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 _____ Date 2-13-15 Daytime Phone # (786) 256-4744

Typed or printed name of signing Authorized Representative/Manager: Efrain Valdes, Jr.

FEB 26 2015

WILLIAMS

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

ATTORNEYS AT LAW

JOHN S. BOHATCH†
EDWARD P. GUTTENMACHER
KATALINA PEÑARANDA
ANDRES E. TEJIDOR*

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT
* LL.M. TAXATION

7301 SOUTHWEST 57TH COURT
SUITE 560
SOUTH MIAMI, FLORIDA 33143

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KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521
TELEFAX (305) 292-4016

PLEASE REPLY TO:
SOUTH MIAMI

February 20, 2015

VIA CMRRR

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: 649 NE 33 TERR, LLC

To whom it may concern:

Enclosed please find the Limited Liability Company Reinstatement Form as well as a check in the amount of $516.25 regarding the above referenced entity.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

KATALINA PEÑARANDA, ESQ.

KP/ah
Enclosures