

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 MAR 10 AM 9:16

MISSISSIPPI

**DOCUMENT #**

1. Limited Liability Company's Name

Chirino Property, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 10101 W Okeechobee Rd Suite, Apt. #, etc. # 7201 City & State Hialeah, Florida Zip 33016 Country US		3. Mailing Office Address 10101 W Okeechobee Rd Suite, Apt. #, etc. # 7201 City & State Hialeah, Florida Zip 33016 Country US	
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4. State/Country of Formation US
5. Date Organized or Qualified To Do Business in Florida 2012
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status

**8. Name and Address of Current Registered Agent**

Name Mariano Chirino			
Street Address (P.O. Box Number is Not Acceptable) Suite, 10101 W Okeechobee Rd			
Apt. #, Etc. # 7201			
City Hialeah, Florida	State FL	Zip Code 33016	

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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

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
P/MG	Mariano Chirino	10101 W Okeechobee Rd. # 7201	Hialeah, FL 33016
<b>REINSTATEMENT</b> 2013-2016			

11. E-mail Address: machivi15@aol.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

3/5/16

Daytime Phone #

7863153794

Typed or printed name of signing authorized representative/member

Mariano Chirino