

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 JAN 31 AM 8:59

SECRET
TALLAHASSEE, FLORIDA

300294161843
01/31/17--01002--001 **138.75

CR2ED41 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L-12000142576

1. Limited Liability Company's Name

GABRIEL LAMAS FITNESS LLC

2. Principal Office Address - No P.O. Box # 2263 DOUGLAS RD Suite, Apt. #, etc. #837 City & State MIAMI FL Zip 33145 Country USA		3. Mailing Office Address 2263 DOUGLAS RD Suite, Apt. #, etc. #837 City & State MIAMI FL Zip 33145 Country USA	
---	--	---	--

4. State/Country of Formation	FL, USA
5. Date Organized or Qualified To Do Business in Florida	11/13/2012
6. FEI Number	46-1373792
7. CERTIFICATE OF STATUS DESIRED	☐ \$5.00 Additional Fee required for a certificate of status

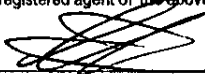
8. Name and Address of Current Registered Agent

Name Gabriel F Lamas		
Street Address (P.O. Box Number is Not Acceptable) Suite, 2263 DOUGLAS RD #837		
Apt. #, Etc. #837 APT #837		
City MIAMI	State FL	Zip Code 33145

300294161843
01/10/17--01019--010 **238.75

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



REGISTERED AGENT MUST SIGN

Date 1/3/2017

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
Managing Member	Gabriel Lamas	2263 Douglas RD #837	MIAMI FL 33145

T HENDERSON
JAN 30 2017

11. E-mail Address: GABLAM89@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/manager



1/3/17

(305) 540-0863