

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 APR -2 PM 2:13

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L12000157035

1. Limited Liability Company's Name

UMAGALERA LLC

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

6725 HARDING AVE

Suite, Apt. #, etc.

APT 401

City & State

MIAMI BEACH

Zip

33141

Country

USA

3. Mailing Office Address

6725 HARDING AVE

Suite, Apt. #, etc.

APT 401

City & State

MIAMI BEACH

Zip

33141

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12-17-2012

6. FEI Number

46-1588228

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

DIEGO FERNANDEZ

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

6725 HARDING AVE

Suite, Apt. #, Etc.

APT 401

City

MIAMI BEACH

State

FL

Zip Code

33141

200258579782  
04/02/14--01027--003 \*\*382.50

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

3/27/14

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
Mgrm	Diego Fernandez	6725 HARDING AVE	MIAMI BEACH FL 33141
Mgrm	Antonio E La Rosa	6725 HARDING AVE	MIAMI BEACH FL 33141

11. E-mail Address:

(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

Date

3/27/14

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Diego Fernandez

Pl. 4/3/14