

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 MAR -9 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000002880

1. Limited Liability Company's Name
CUNILL POLA, LLC

700283123807
3/9/16 01007 010
CR2011 (1/14)

2. Principal Office Address - No P.O. Box #
2875 NW 77th AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33122

Country
US

Zip

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
01/07/2013

6. FEI Number 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
Frank Fabre

Street Address (P.O. Box Number is Not Applicable) Suite,
2310 Country Club Prado

Apt. #, Etc.

City
Coral Gables

State Zip Code
FL 33134

9. I, being appointed the registered agent of the above named limited liability company, do so forth with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **03/08/2016**

10. Name and Street Address of Authorized Representatives/Managers

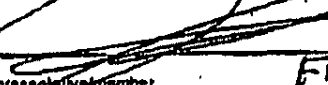
TITLES	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	POLA, JORGE JR.	2875 NW 77th Ave	Miami, FL 33122
MGRM	CUNILL POLA, ISABEL CRISTINA	2875 NW 77th Ave	Miami, FL 33122

REINSTATEMENT

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 officer-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 608.0012, 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. 817.198, F.S.

Signature of authorized representative/member  Date **3/9/16** Daytime Phone # **3052641621**
Typed or printed name of signing authorized representative/member **Frank Fabre**

MAR - 9 2016