


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 DEC 30 PM 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L13000080384 1. Limited Liability Company's Name ALCORNQUE, LLC					
2. Principal Office Address - No P.O. Box # 2200 Overbrook St Suite, Apt. #, etc.		3. Mailing Office Address 2200 Overbrook St Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Miami, FL Zip Country 33133 USA		City & State Miami, FL Zip Country 33133 USA		5. Date Organized or Qualified To Do Business in Florida 06-06-2013 6. FEI Number 46-2933202 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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City State Zip Code Tallahassee FL 32301				100267844461	
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 <u>Courtney Williams</u> Courtney Williams <u>Asst. Vice President</u> Asst. Vice President Date <u>12.29.14</u> 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		
AMBR	Nicolas Suarez-Inclan	2200 Overbrook St	Miami, FL 33133		
11. E-mail Address: <u>nicolasrik@gmail.com</u> (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 <u>Nicolas Suarez-Inclan</u> Date <u>12/26/14</u> Daytime Phone # <u>305 215 8969</u> Typed or printed name of signing Authorized Representative/Manager <u>Nicolas Suarez-Inclan</u>					

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FILED

14 DEC 30 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I200000000195

REFERENCE : 427397 7941805

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : December 18, 2014

ORDER TIME : 10:07 AM

ORDER NO. : 427397-010

CUSTOMER NO: 7941805

DOMESTIC FILINGS

NAME: ALCORNOQUE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
14 DEC 30 AM 10:49