

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT -7 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13006112943**

1. Limited Liability Company's Name

JOCHI INVESTMENTS, LLC

CR2E041 (1/14)

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

C/O WEBSTER & PARTNERS, P.L.

Suite, Apt. #, etc.

450 N. Wymore Road

City & State

Winter Park, FL 32789

Zip

32789

Country

USA

3. Mailing Office Address

C/O WEBSTER & PARTNERS, P.L.

Suite, Apt. #, etc.

450 N. Wymore Road

City & State

Winter Park, FL 32789

Zip

32789

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
08/09/2013

6. FEI Number

320417651

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

W & P Services, Inc.

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

450 N. Wymore Road

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

800265138898
10/07/14--01007--007 **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

Date

2014

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
MGR	Jose M. Garcia Macias	450 N. Wymore Road	Winter Park, FL 32789
MGR	Clara Maria Diaz Umpierre	450 N. Wymore Road	Winter Park, FL 32789
MGR	Carmen Cuello	450 N. Wymore Road	Winter Park, FL 32789
REINSTATEMENT			S. HAWKES
2014			OCT 08 A.M.

11. E-mail Address: **jwomble@wplawyers.com**

(To be used for future annual report notifications)

EXAMINER

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 **10/02/14**

Daytime Phone # **407-691-0500**

Typed or printed name of signing Authorized Representative/Manager **David A. Webster, as Authorized Agent for Member**