

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000122451

1. Limited Liability Company's Name
MILLES ALVARADO ENTERPRISES, LLC

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

11701 NE 9TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33161

Country

USA

3. Mailing Office Address

11701 NE 9TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33161

Country

USA

8. Name and Address of Current Registered Agent

Name

MARIA LESHANSKY

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

11701 NE 9TH AVENUE

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

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

Maria Leshansky

REGISTERED AGENT MUST SIGN

Date

7/19/2016

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	MILLES, CARLOS	11701 NE 9TH AVENUE	MIAMI, FL 33161
MGRM	ALVARADO MASO, ALESSANDRA	11701 NE 9TH AVENUE	MIAMI, FL 33161
REINSTATEMENT			
JUL 22 2016			
R. HUNT			

11. E-mail Address: ALEALVARADOMASO@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.

X Signature of authorized representative/member

Alessandra Alvarado Maso

Date

7/19/16

Daytime Phone #

305-496-7799

Typed or printed name of signing authorized representative/member

ALESSANDRA ALVARADO MASO

2016 JUL 22 AM 8:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA /USA

5. Date Organized or Qualified
To Do Business in Florida 08/28/2013

6. FEI Number
46-3497704

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

300288261489
07/22/16--01030--020 **377.50