PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2019 JAN -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000177060

1. Limited Liability Company's Name
OWL ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2465 SW 17TH AVE.		2465 SW 17TH AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33145	US	33145	US

116-19

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business In Florida 12/26/2013

6. FEI Number
46-4525718
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
ZOMERFELD, RAYMOND J. CPA

Street Address (P.O. Box Number is Not Acceptable) Suite
999 PONCE DE LEON BLVD.

Apt. #, Ste.
SUITE 1045

City	State	Zip Code
CORAL GABLES	FL	33134

300323032883
01/09/19--01003--002 **655.00

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 [signature] REGISTERED AGENT MUST SIGN

Date 01-08-19

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	CARLOS FONSECA	2465 SW 17TH AVE.	MIAMI, FL 33145

11. E-mail Address: cfonseca@ei-carajo.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.

Signature of authorized representative/member [signature] Date 1/7/19 Daytime Phone # 305-856-2424

Typed or printed name of signing authorized representative/member Carlos Fonseca

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

File 1st

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):

SWL Enterprises, LLC
(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

19 JAN -9 AM 8:45

☐ Walk in ☐ Pick up time 2:00 ☐ Certified copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

CR2E031 (4/13)