

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name  
BEURRE LLC

L14000124200

000322334050  
12/20/18--01024--001 ++125.00

2. Principal Office Address - No P.O. Box #  
638 CRANDON BLVD

Suite, Apt. #, etc

City & State  
MIAMI FL

Zip Country  
33149 USA

3. Mailing Office Address  
638 CRANDON BLVD

Suite, Apt. #, etc

City & State  
MIAMI FL

Zip Country  
33149 USA

CR2E041 (1/14)

4. State/Country of Formation  
FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida 8.2014

6. FEI Number  
471575908

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  
MARIA VICTORIA GALINDEZ

Street Address (P.O. Box Number is Not Acceptable) Suite,  
250 GALEN DRIVE

Apt #, Etc  
36

City State Zip Code  
MIAMI FL 33149

2018 DEC 20 PM 1:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

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

REGISTERED AGENT MUST SIGN

Date 12.12.2018

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
owner	MARIA VICTORIA GALINDEZ	250 GALEN DRIVE APT 36	MIAMI, FL, 33149
vp	JUAN FRANCISCO MAQUEDA	250 GALEN DRIVE APT 36	MIAMI, FL, 33149

Y SULKER  
DEC 20 2018

11. E-mail Address VICTORIA@CLASICAVICTORIA.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

Date

Daytime Phone #

12.12.2018