

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 APR 21 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FL

900407202799
04/21/23--01015--029 **238.75

CR2E041 (1/14)

DOCUMENT # L17000109438

1. Limited Liability Company's Name

GONDWANA LLC

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

4368 NW 8TH CT

Suite, Apt. #, etc.

3. Mailing Office Address

4368 NW 8TH CT

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

FL 33317

Country

USA

City & State

PLANTATION, FL

Zip

33317

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

05/17/2017

6. FEI Number

37-1860282

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

CAMILA CARIGNANO

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

4368 NW 8TH CT

Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

REINSTATEMENT

2021

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 03/30/2023

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	FRANCISCO JOSE CARIGNANO	4368 NW 8 TH CT	PLANTATION, FL 33317
MGR	SILVINA MABEL ARBUATTI	4368 NW 8 TH CT	PLANTATION, FL 33317
MGR	CAMILA CARIGNANO	4368 NW 8 TH CT	PLANTATION, FL 33317
MGR	JUAN IGNACIO CARIGNANO	4368 NW 8 TH CT	PLANTATION, FL 33317
MGR	FRANCISCO MARTIN CARIGNANO	4368 NW 8 TH CT	PLANTATION, FL 33317

11. E-mail Address: CAMICARIGNANO@HOTMAIL.COM

(To be used for future annual report notifications)

APR 20 2023

M. WILLIAMS

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 #

786 325 2168