PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 AUG 24 PM 12:07

DOCUMENT # L18000051162

1 Limited Liability Company's Name

AGUICHER LLC

2. Principal Office Address - No P O Box #	3. Mailing Office Address
500 S. FEDERAL HWY	P.O. BOX 252
Suite Apt # etc #252	Suite, Apt. # etc
City & State HALLANDALE, FL	City & State HALLANDALE FL
Zip / Country 33008 / USA	Zip / Country 33008 / U.S.A

4 State/Country of Formation
FL - USA

5. Date Organized or Qualified To Do Business in Florida 02/26/2018

6 FEI Number
82.4608956
☑ Applied For
☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
TAXES BY GEORGE

Street Address (P O Box Number is Not Acceptable) Suite,
7455 Collins Ave #209

Apt # Etc

City: Miami Beach | State: FL | Zip Code: 33141

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 10/14/2020

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
	TAMMY CHERMANN CORREA AGUIAR	19501 E. COUNTRY CLUB DR # 103	AVENTURA - FL 33180
MGR	FABIO AGUIAR	19501 E. COUNTRY CLUB DR #103	AVENTURA - FL 33180

REINSTATEMENT

11. E-mail Address TAMMYCHERAGUIAR@gmail.com
(To be used for future annual report notification)

AUG 14 2020
R. HUNT

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 0112 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 10/01/20 Daytime Phone # (786)5461310

TAMMY CHERMANN AGUIAR