PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

DIVISION OF CORPORATIONS

2022 JAN 13 PM 12:07

LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19000033110

1. Limited Liability Company's Name
SOCO ALICEA LLC

200379606042
01/13/22--01020--001 **516.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
421 SAILBOAT CIRCLE	421 SAILBOAT CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: US	Zip: 33326 Country: US

4. State/Country of Formation: FLORIDA US

5. Date Organized or Qualified To Do Business in Florida: 02/01/2019

6. FEI Number: 83-3570904 ☐ 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: Ricardo Alicea

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 421 Sailboat Cir

City: Weston State: FL Zip Code: 33326

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 1/4/2022

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
MGR	SOCORRO ALICEA	421 SAILBOAT CIRCLE	WESTON, FL 33326 US
MGR	RICARDO ALICEA	421 SAILBOAT CIRCLE	WESTON, FL 33326 US
AMBR	SOCORRO ALICEA	421 SAILBOAT CIRCLE	WESTON, FL 33326 US
		JAN 13 2022	
		R. HUNT	

11. E-mail Address: love@socoalicea.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 1/4/2022 Daytime Phone # 305-987-4969