

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19000136103

1. Limited Liability Company's Name

SOFLO MANAGEMENT LLC

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

19300 W. Dixie Hwy

Suite, Apt. #, etc

12

City & State

Miami, FL.

Zip

33180

Country

USA

3. Mailing Office Address

19300 W. Dixie Hwy

Suite, Apt. #, etc

12

City & State

Miami, FL.

Zip

33180

Country

USA

8. Name and Address of Current Registered Agent

Name

Tomas J Funes

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

19300 W. Dixie Hwy

Apt. #, Etc

12

City

Miami

State

FL

Zip Code

33180

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 2/23/24

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	Tomas J. Funes	19300 W. Dixie Hwy #12	Miami, FL. 33180
MGR	Florencia M. Salinas	19300 W. Dixie Hwy #12	Miami, FL. 33180

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11. E-mail Address tomasjfunes@gmail.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]
Tomas Funes

Date 2/23/24

Daytime Phone # 305-931-7878

Typed or printed name of signing authorized representative/member

FILED

2024 MAR 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FL

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