

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2025 FEB -5 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L19000170238

1. Limited Liability Company's Name

Biamritz Holdings LLC

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

1800 S. Ocean Blvd

Suite, Apt. #, etc.

Apt 502

City & State

Lauderdale by the Sea

Zip

33062

Country

USA

3. Mailing Office Address

1800 S. Ocean Blvd

Suite, Apt. #, etc.

Apt 502

City & State

Lauderdale by the Sea

Zip

33062

Country

USA

8. Name and Address of Current Registered Agent

Name

Gutierrez Morales Perez & Associates, PA

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

2750 SW 145th Ave

Apt. #, Etc.

Suite 101

City

Miramar

State

FL

Zip Code

33027

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 01/21/2025

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	Jaime F. Hildebrandt Haltenhof	Calle Baltazar La Torre 855, DPTO 601	San Isidro, Lima Peru 27

11. E-mail Address: admin@gmpa-cpa.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 01/22/2025

Daytime Phone # 754-210-7061

Typed or printed name of signing authorized representative/member

Jaime F. Hildebrandt Haltenhof

CR2E041 (1/14)

4. State/Country of Formation

Florida /USA

5. Date Organized or Qualified  
To Do Business in Florida

06/28/2019

6. FEI Number

37-1950270

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

300444249813  
02/07/25-01001-028 \*\*138.75

300444249813

02/07/25-01001-028 \*\*138.75