

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2021 JUN 14 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FL

700368211657  
10/14/2019-01/17/2019 \$377.50

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L19000248729

1. Limited Liability Company's Name

DMRA LAW LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1111 BRICKELL AVE		3. Mailing Office Address SAME AS PRINCIPAL	
Suite, Apt. #, etc STE. 1550		Suite, Apt. #, etc	
City & State MIAMI, FL		City & State	
Zip 33131	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/01/2019	
6. FEI Number 84-3376509	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name JUAN C. RAMOS			
Street Address (P.O. Box Number is Not Acceptable) Suite 1111 BRICKELL AVE.			
Apt. #, Etc STE. 1550			
City MIAMI	State FL	Zip Code 33131	

REINSTATEMENT

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 06/10/2021
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	MARIA A. DOMINGUEZ	GRAN VISTA I, 44 PASEO ST.	GURABO, PR 00778
MGR	JUAN C. RAMOS	10419 NW 82ND ST., UNIT 34	DORAL, FL 33178
MGR	JAVIER F. MICHEO	1700 CALLE MCCLEARY, APT. 2102	SAN JUAN, PR 00911
MGR	CARLOS J. ANDREU	659 MCKINLEY ST., APT. 10	SAN JUAN, PR 00907
			JUN 14 2021

11. E-mail Address	JUAN.RAMOS@DMRALAW.COM	M. WILLIAMS
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(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 06/10/2021	Daytime Phone # 305-548-8666
Typed or printed name of signing authorized representative/member JUAN C. RAMOS		