95-97 1216.25

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 27 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L93000000402

LELLI OF AMERICA, LIMITED COMPANY

W97-12379

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address

REINSTATEMENT 95-97

2. Mailing Address	2a. Principal Place of Business	3. Date Organized or Qualified	3a. State of Formation
P.O.Box 524217	7301 N.W. 41st STREET	11/17/1993	FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0456134	☐ Applied For ☐ Not Applicable
City & State: MIAMI, FLORIDA,	City & State: MIAMI, FLORIDA	5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required ☐
Zip: 33152 Country: U. S. A.	Zip: 33166 Country: U. S. A.		

7. Name and Address of Current Registered Agent

ALESSANDRO LELLI
7301 N.W. 41st Street,
Miami, Florida 33166

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date June 13, 1997
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	LELLI, ALESSANDRO	AVE. ISAIAS MEDINA ANGARITA	VENEZUELA
MGRM	LELLI, ROBERTO	AVE. ISAIAS MEDINA ANGARITA	VENEZUELA

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11. I certify that I am managing member/manager or the reciever or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager _____ Date June 13, 1997 Daytime Phone # (305)477.1169

Typed or printed name of signing Managing Member/Manager ALESSANDRO LELLI

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