

FILED

97 SEP 19 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION FOR
REINSTATEMENT
LIMITED LIABILITY COMPANY
FLORIDA DEPARTMENT OF STATE
San Jose, N. Carolina
Secretary of State
UNION COUNTY, N. CAROLINA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L94000000142****Cubar Investment, Limited Company**
5721 S.W. 53rd Terrace
South Miami, Florida 33155

1a. Principal Place of Business Address

5721 S.W. 53rd Terrace
South Miami, Florida 33155

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

4/11/1994

3a. State of Formation

Florida

4. FEI Number

☐ Applied For☒ Not Applicable

5. Date of Last Report

1995

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Borges, Orlando
5721 S.W. 53rd Terrace
South Miami, Florida 33155

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

800002301148--1

-09/23/97--01073--004

****907,50 ****907,50

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 9/18/1997

THE REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	BORGES, Orlando	5721 S.W. 53rd Terrace	South Miami, FL 33155
MGRM	BORGES, Ana H.	5721 S.W. 53rd Terrace	South Miami, FL 33155

REINSTATEMENT

96-97

CM

11. I certify that I am managing member/manager or the receiver 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

ORLANDO BORGES

Typed or printed name of signing Managing Member/Manager

Date 9/18/1997 Daytime Phone # (305) 663-2460