

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

98 NOV 16 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000043

MOLINERA INTERNATIONAL, L.C.
11701 N.W. 100TH RD.
STE. #2
MIAMI, FL. 33178

1a. Principal Place of Business Address

11701 N.W. 100TH RD.
SUITE #2
MIAMI, FL. 33178

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

3a. State of Formation

01/17/1995

FL

4. FEI Number

59-3290570

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/18/97

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

SIMAN, FERNANDO E.
5000 S.W. 75TH AVE.
4TH FLOOR
MIAMI, FL. 33155

Name

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

Suite, Apt. #, etc.

City

000002694340-7

-11/23/98-01134-004

****688.75 ****688.75

Zip Code

FL

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

Fernando Siman

Date

11-12-98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

SOUTHEASTERN FOOD DIST.

5000 S.W. 75TH AVE. 4TH FLOOR MIAMI, FL. 33155

REINSTATEMENT

98
dec

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

Fernando Siman

Date 10-26-98

Daytime Phone # 305-883-6060

Typed or printed name of signing Managing Member/Manager FERNANDO E. SIMAN