

977.50

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company
DOCUMENT # L95000000732
6800 SW 40 Street Phoenix Graphics L.C.
Suite 455
Miami FL 33155

1a. Principal Place of Business Address

REINSTATEMENT 910-97

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

2. Principal Place of Business

6800 sw 40 st
Suite, Apt. #, etc.

Suite 455

City & State

Miami FL

Zip

33155

Country

Dade

2a. Mailing Address

6800 sw 40 st
Suite, Apt. #, etc.

Suite 455

City & State

Miami FL

Zip

33155

Country

Dade

3. Date Organized or Qualified

3a. State of Formation

4. FEI Number

65-0619930

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Ramon Navarro
6800 sw 40 st
Suite 455
Miami FL 33155

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

200002237862--2

07/14/97 01183-003

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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

Ramon Navarro

Date

3-13-97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Manager Ramon Navarro

6800 sw 40 st

Miami FL 33155

JPB
7-11-97

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

Ramon Navarro

Date

3-13-97

Daytime Phone # 305-666-8686

Typed or printed name of signing Managing Member/Manager

Ramon Navarro