

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 23, 2003 8:00 A.M
Secretary of State

DOCUMENT # L 96000000422

1. Limited Liability Company's Name

ALIOLKA, LC

2. Principal Office Address

4675 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

2307 Douglas Rd

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

4/08/1996

6. FEI Number

05-0925551

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Olga Ramirez

200024937302

11/21/03--01084--014 **200.00

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

3211 SW 192 Avenue

Suite, Apt. #, Etc.

City

Miramar,

State

FL

Zip Code

33029

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

Olga Ramirez

REGISTERED AGENT MUST SIGN

Date 11/14/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ramirez, Carlos	19330 SW 31 Court	Miramar, FL 33029
MGRM	Ramirez, Olga	19330 SW 31 Court	Miramar, FL 33029
MGRM	Ramirez, Alina	19330 SW 31 Court	Miramar, FL 33029
REINSTATEMENT 2002-2003			
<u>BK</u>			

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

Olga Ramirez

Date 11/14/03

Daytime Phone # (305) 552-7969

Typed or printed name of signing Managing Member/Manager

Olga Ramirez

CR2E041 (10/02)