

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # **L96000000637**

1. Limited Liability Company's Name

Bochim Oil Company, L.C.

2. Principal Office Address

1990 NW

Suite, Apt. #, etc.

82nd AV.

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

1990 NW

Suite, Apt. #, etc.

82nd AV.

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/11/1996

6. FEI Number

65-0672490

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

ROBERTO RINCON

300003459453

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

1990 NW 82nd AV.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date **10/24/2000**

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	ROBERTO RINCON	1990 NW 82nd AV.	MIAMI FL 33126
MGR	CARLOS PACARINS	1990 NW 82nd AV.	MIAMI FL 33126
MGR	JULIO RODRIGUEZ	8465 SW 44 ST.	MIAMI FL 33135

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

Date **10/24/2000**

Daytime Phone #

305-5947644

Typed or printed name of signing Managing Member/Manager

ROBERTO RINCON

CR2E041 (9/00)