

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY

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

FILED

99 JUN 21 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT # L97000001347**

**DISVELCA MIAMI, L.C.**

1a. Principal Place of Business Address

**9300 N.W. 58 STREET SUITE 214  
MIAMI, FL 33163**

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		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/02/97	FLORIDA
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0843264	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ.  
CUEVAS & RUBIN, P.A.  
9200 S. DADELAND BLVD. SUITE 603  
MIAMI, FL 33156 (US)**

8. Name and Address of New Registered Agent

Name  
**PEDRO OLMETA**  
Street Address (P.O. Box Number is Not Acceptable)  
**9300 N.W. 58 STREET**  
Suite, Apt. #, etc.  
**214**  
City  
**MIAMI** Zip Code  
**FL 33163**

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

**June 15 1999**

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MBR	GALLARDO, JAIME	9300 NW 58 ST. STE 214	MIAMI, FL 33163
MBR	MARCANO, RUBEN	9300 NW 58 ST. STE 214	MIAMI, FL 33163
MBR	OLMETA, PEDRO	9300 NW 58 ST. STE 214	MIAMI, FL 33163

**700002914887--4**  
**06/24/99--01099--001**  
**\*\*\*\*\*886.25 \*\*\*\*\*886.25**

**REINSTATEMENT** *98-99 (ccs)*  
*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

Date

**June 15 1999**

Daytime Phone # **305-553-5658**

Typed or printed name of signing Managing Member/Manager

**Pedro Olmeta**

Charter Number Only

6/19/99

VALIDATION ONLY

Devaldes & Associates

Requestor's Name

8404 S.W. 40th St.

Address

Miami FL 33155 8080A

City

State

ZIP

Phone

CORPORATION(S) NAME

Disvelca Miami, L.C.



Profit  
NonProfit

( ) Amendment

( ) Merger

( ) Foreign

( ) Dissolution

( ) Mark

( ) Limited Partnership

( ) Annual Report

( ) Other

☒ Reinstatement

( ) Reservation

( ) Change of Registered Agent

( ) Certified Copy

( ) Photo Copies

☒ Certificate Under Seal

( ) Call When Ready

( ) Call If Problem

( ) After 4:30

☒ Walk In

( ) Will Wait

☒ Pick Up

( ) Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED  
JUN 11 AM 10:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

June 11, 1999

**DISVELCA MIAMI, L.C.**  
9300 N.W. 58TH STREET, SUITE 214  
MIAMI, FL 33163

**SUBJECT: DISVELCA MIAMI, L.C.**  
Ref. Number: L97000001347

RECEIVED  
99 JUN 21 10 03

We have received your document for DISVELCA MIAMI, L.C. and your check(s) totaling \$886.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application for reinstatement. Please complete the LLC reinstatement application which is attached.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 899A00031620