

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L98000002971**

1. Limited Liability Company's Name

LUKIS BALSERA, L.L.C.

FILED
08 DEC -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3663 SW 8th Street

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33135

Country

USA

3. Mailing Office Address

3663 SW 8th Street

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33135

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
65-0879040

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

Roland Sanchez-Medina Jr.

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

2333 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

Suite 302

City

Coral Gables

State

FL

Zip Code

33134

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

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
MGRM	Alfredo Balsera	3663 SW 8 Street, Suite 200	Miami, Florida 33135
MGRM	Sylvester Lukis	3663 SW 8 Street, Suite 200	Miami, Florida 33135

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12/04/08--01039--002 **277.50

REINSTATEMENT 07-08

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager