

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 MAR 25 P 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L 99000001375

**1. Limited Liability Company's Name**

Arevalo & Associates, L.L.C.

**2. Principal Office Address**

6433 Pinecastle Blvd.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.  
Unit #1

Suite, Apt. #, etc.

**City & State**

Orlando, Fl.

**City & State**

**Zip**  
32809

**Country**  
U.S.A.

**Zip**

**Country**

**4. State/Country of Formation**

Florida U.S.A.

**5. Date Organized or Qualified  
To Do Business in Florida**

10/1/1999

**6. FEI Number**

59-3567635

**Applied For**

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**8. Name and Address of Current Registered Agent**

**Name**

Michael Appleton

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

3117 Edgewater Drive

**Suite, Apt. #, Etc.**

**City**

Orlando

**State**  
FL

**Zip Code**  
32804

**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** 3-6-03

**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
MGRM	Pedro Arevalo	6433 Pinecastle Blvd. #1	Orlando, Fl. 32809
MGRM	Marla Cristina Arevalo	6433 Pinecastle Blvd. #1	Orlando, Fl. 32809
MGRM	Tomas Bueno	6433 Pinecastle Blvd. #1	Orlando, Fl. 32809

**REINSTATEMENT**

03.04  
Dec

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03/25/04--01003--005 \*\*200.00

**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** 3-6-03

**Daytime Phone #** 407-857-1778

**Typed or printed name of signing Managing Member/Manager**