

**L99000001739**

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
AND FILED

LIMITED LIABILITY COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUN -6 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L9900000 1739**  
1. Limited Liability Company's Name  
**ALV SERVICES & SUPPLIES LLC**

**REINSTATEMENT** *2003 2004*

2. Principal Office Address  
**15864 SW P2 ST**  
Suite, Apt. #, etc.  
City & State  
**MIAMI, FLA.**  
Zip **33193** Country **MIAMI DADE**

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. State/Country of Formation  
**FLA - MIAMI DADE**

5. Date Organized or Qualified To Do Business in Florida  
**03-26-99**

6. FEI Number  
**65-0901575** Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  **\$3.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name  
**ANDREW CUEVAS Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**536 BILTMORE WAY** **600037667426**  
**06/04/04--01039--004 \*\*250.00**

Suite, Apt. #, Etc.

City  
**CORAL GABLES** State **FL** Zip Code **33134**

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 **Andrew Cuevas Esq.** Date **05/20/04**  
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
MEMBR	WILLIAM CASTRO	15864 SW P2 ST	MIAMI FL 33193
MEMBR	JULIA CASTRO	15864 SW P2 ST	MIAMI FL 33193

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 **[Signature]** Date **05-28-04** Daytime Phone # **305-387 1769**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)