

250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SEC. OF STATE  
DIVISION OF CORPORATIONS

06 FEB 20 AM 9:18

**DOCUMENT # L99000002591**

1. Limited Liability Company's Name

Gaira, LLC

100067309221

03/07/06--01021--013 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address

6300 NW 97th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33178

Country

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/06/1999

6. FEI Number

02-060665-1

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

Scott G. Villanueva, Esq.

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

801 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1580

City

Miami

State

FL

Zip Code

33131

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

*Scott Villanueva*

Date 1/30/06

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
MGR	Diana Renjifo	6300 NW 97th Ave	Miami, FL 33178

REINSTATEMENT 04-06

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

*Diana Renjifo*

Date 01-31-06

Daytime Phone # 3055928065

Typed or printed name of signing Managing Member/Manager Diana Renjifo