

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

2001-2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -6 AM 8:41

DOCUMENT # L99000003308

1. Limited Liability Company's Name

MULTIPLE L.L.C.
1845 N.E. 146th STREET
MIAMI, FL. 33181

2. Principal Office Address

1845 N.E. 146th ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33181

Country

DADE

3. Mailing Office Address

1845 N.E. 146th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33181

Country

DADE

4. State/Country of Formation

FLORIDA

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

06/09/1999

6. FEI Number

650926084

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

YESIT J. CAMPO P.A.

Street Address (P.O. Box Number is Not Acceptable)
9572 N. W. 41 STREET

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33178

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

4/3/02

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	MAURICIO_OLARTE	1845 N.E. 146 STREET	MIAMI, FL. 33181

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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

04-03-2002

Daytime Phone #

305-948-7227

Typed or printed name of signing Managing Member/Manager