

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 JUN 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L99000003339**

1. Limited Liability Company's Name

Doral Business Park, L.C.

REINSTATEMENT

2001-2002

2. Principal Office Address

7603 Estrella Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

U.S.A.

3. Mailing Office Address

7603 Estrella Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/09/1999

6. FEI Number

65-0942835

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

Fernan Jaramillo

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

7603 Estrella circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Fernan Jaramillo

Date **06/20/02**

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	Construcciones	7603 Estrella Circle	Boca Raton, FL 33433
	Aguarbus S.A. C/O Mr. Fernan Jaramillo		

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******200.00 ****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

Fernan Jaramillo

Date **06/20/02** Daytime Phone **(305) 597-0510**

Typed or printed name of signing Managing Member/Manager

Fernan Jaramillo

CR2ED41 (8/01)