

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 13 PM 12:28

DOCUMENT # L99000003781

1. Limited Liability Company's Name

JUNNI EMPRENDIMIENTOS, LLC

9/29/00

2. Principal Office Address

16375 NE 18th Avenue

Suite, Apt. #, etc.

Suite 307

City & State

North Miami, FL

Zip

33162

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

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

06/25/99

6. FEI Number

65-0929999

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

GARY L. BROWN, ESQ.

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Suite 265-S

City

Hollywood

State

FL

Zip

33021

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

2/9/01

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 | Enrique Soltanik | 16375 NE 18th Avenue, #307 | North Miami, FL 33162 |
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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

2/9/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ENRIQUE SOLTANIK