

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY

REINSTATEMENT

2003 488



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -4 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004581

1. Limited Liability Company's Name

INVERSIONES TORCOROMA LC

2. Principal Office Address

7600 NW 186TH ST

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33015

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number 90-0050971

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

VIRGINIA M DISLA

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

7600 NW 186TH ST

Suite, Apt. #, Etc.

A

City

MIAMI

State  
FL

Zip Code  
33015

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date MARCH 18, 2003

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	CONTRERAS, JAVIER JOSE	7600 NW 186TH ST., STE A	MIAMI, FL 33015
MGRM	CONTRERAS, SARA LUCIA	7600 NW 186TH ST., STE A	MIAMI, FL 33015
MGRM	GRANADOSDE CONTRERAS, MARIA	7600 NW 186TH ST., STE A	MIAMI, FL 33015
MGRM	CONTRERAS, ADRIANA M.	7600 NW 186TH ST., STE A	MIAMI, FL 33015
			OP \$100.00

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

*Sara Contreras*

Date 03/18/2003

Daytime Phone # (305)817-0814

Typed or printed name of signing Managing Member/Manager

SARA LUCIA CONTRERAS, MANAGING MEMBER

CR2ED41 (10/02)