

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L99000005208**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 18 AM 9:49

DOCUMENT # **L99-5208**

1. Limited Liability Company's Name

EL CAPIRO, L.L.C.

9/29/00

2. Principal Office Address  
2121 Ponce De Leon Blvd.

3. Mailing Office Address  
2121 Ponce De Leon Blvd.

Suite, Apt. #, etc.  
Suite 711

Suite, Apt. #, etc.  
Suite 711

City & State  
Coral Gables, Florida

City & State  
Coral Gables, Florida

Zip Country  
33134 U.S.

Zip Country  
33134 U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

MARK S. SCHECHNER

200004484282--9

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

2121 Ponce De Leon Boulevard

07/18/01 01042-025

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

Suite 711

200004484282--9

-07/18/01-01042-026

City

Coral Gables

State

FL

Zip Code

33134

\*\*\*\*5.00 \*\*\*\*5.00

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]*

Date

7/13/01

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	GLORIA ALAMO	8200 Boulevard East	Guttenberg, NJ 07047
			UBR2000 \$ 50.00
			UBR2001 50.00
			Rein 00-01 100.00
			CMS 5.00
			UP \$ 205.00

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 making 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

*Gloria Alamo*

Date

7-13-01

Daytime Phone #

(305) 440-1621

Typed or printed name of signing Managing Member/Manager

Gloria Alamo

CR20041 (9/00)