

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005676

1. Limited Liability Company's Name

LONE STAR RANCH, L.C.

2. Principal Office Address - No P.O. Box #
14220 SW 222 ST.

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FL

Zip
33170

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** **09-09-1999**

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
ANTONIO G. HERNANDEZ, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.
STE: 303

City
CORAL GABLES

State
FL

Zip Code
33134

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

BK

Date **6/19/07**

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	CARMEN ALMEIDA	14220 SW 222 ST.	NORTH MIAMI, FL 33170
MGRM	CARLOS ALMEIDA, JR.	14220 SW 222 ST.	NORTH MIAMI, FL 33170

REINSTATEMENT 2004-2007

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 **06-19-07**

Daytime Phone # **305-282-3698**

Typed or printed name of signing Managing Member/Manager **CARMEN ALMEIDA**