

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**  
01 JAN -5 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000-01**

**DOCUMENT #** L99000006565

**1. Limited Liability Company's Name**

Glacier Gardens LLC

**2. Principal Office Address**

7965 NW 21 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

USA

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

Florida / USA

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

10/11/99

**6. FEI Number**

52-2222546

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

Juan P. Dueñas

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

2507 NW 72 Ave

Suite, Apt. #, Etc.

City

Miami

300003554213-0

-01/18/01--01074--025

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

State  
**FL**

Zip Code

33122

**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

Juan P. Dueñas

REGISTERED AGENT MUST SIGN

Date JAN/03/01

**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	Juan P. Dueñas	2507 NW 72 Ave	Miami, FL 33122

**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

Juan P. Dueñas

Date JAN/03/01 Daytime Phone #

Typed or printed name of signing Managing Member/Manager