

# L99000006606

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 14 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000006606

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

Granizo, L.L.C.

700018937867  
05/14/03--01030--018 \*\*200.00

**2. Principal Office Address**

16329 NW 14th Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

16329 NW 14th Street

Suite, Apt. #, etc.

**City & State**

Pembroke Pines, FL

**City & State**

Pembroke Pines, FL

**Zip**

33028

**Country**

USA

**Zip**

33028

**Country**

USA

**4. State/Country of Formation**

Florida

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

10/12/99

**6. FEI Number**

65-0960474

**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**

Upegui, Genoveva

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

16329 NW 14th Street

**Suite, Apt. #, Etc.**

**City**

Pembroke Pines

**State**

FL

**Zip Code**

33028

**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**

*Genoveva Upegui*

REGISTERED AGENT MUST SIGN

**Date** 04-30-03

**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	Upegui, Genoveva	16329 NW 14th Street	Pembroke Pines, FL 33028

REINSTATEMENT  
REINSTATEMENT

02-03  
dsc

**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**

*Genoveva Upegui*

**Date** 04-30-03

**Daytime Phone #** 954 4387302

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