

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

APPROVED
AND
FILED

02 MAR 18 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007675

1. Limited Liability Company's Name

GARPER Enterprise, LLC

REINSTATEMENT

2. Principal Office Address

7000 Island Blvd.

Suite, Apt. #, etc.

#2804

City & State

Aventura, FL

Zip

33160

Country

USA

3. Mailing Office Address

7000 Island Blvd.

Suite, Apt. #, etc.

#2804

City & State

Aventura, FL

Zip

33160

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11-12-1999

6. FEI Number

65-0964829

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

Mario G. Garcia

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

7000 Island Blvd.

Suite, Apt. #, Etc.

#2804

City

Miami

800005133418-5

-03/19/02--01014--041

****258.75 ****258.75

State

FL

Zip Code

33160

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

Date 03/14/02

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
D/P	Mario G. GARCIA	7000 Island Blvd. #2804	Aventura, FL 33160
G/S	Diana Perez	7000 Island Blvd. #2804	Aventura, FL 33160

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 03/14/02

Daytime Phone # (305) 936 5395

Typed or printed name of signing Managing Member/Manager