

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**

00 DEC -1 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000008834**

1. Limited Liability Company's Name

**FLEXO SERVICE, L.L.C.**

**REINSTATEMENT 2000**

2. Principal Office Address

**10160 NW 47TH ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

**10160 NW 47TH ST.**

Suite, Apt. #, etc.

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**12/15/99**

6. FEI Number

**65-0967459**

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

**SUNRISE, Florida**

Zip

**33351**

Country

**U.S.A.**

City & State

**SUNRISE, Florida**

Zip

**33351**

Country

**U.S.A.**

8. Name and Address of Current Registered Agent

Name

**CUEVAS, ANDREW ESQ. / CUEVAS & RUBIN, P.A.**

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

**536 BILTMORE WAY**

Suite, Apt. #, Etc.

City

**CORAL GABLES**

State

**FL**

\*\*\*150.00\*\*\*

**33134**

\*\*\*150.00\*\*\*

**150.00**

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

*Andrew Cuevas*

REGISTERED AGENT MUST SIGN

Date

**11/27/00**

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
MEM.	GALARRAGA, GONZALO	10160 NW 47TH ST.	SUNRISE, FL 33351
MEM.	GALARRAGA, JAVIER	10160 NW 47TH ST.	SUNRISE, FL 33351
MEM.	DE ROA, FERNANDO	10160 NW 47TH ST.	SUNRISE, FL 33351

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

*Javier Galarraga*

Date

**11/23/00**

Daytime Phone #

**(954) 578-6998**

Typed or printed name of signing Managing Member/Manager

**JAVIER GALARRAGA**

CR2E041 (9/99)