PLEASER	ALL INSTIBUTE	BNOIR	BEHORE	OMPLETII	NG THIS FORM.		
COMPANY REINSTATEMENT COMPANY COMPANY				TIVISION OF CORPORATIONS			
DOCUMENT # M03000001919 1. Limited Liability Company's Name (of Colonello) LLC MANI (of Colonello) LLC				12 MAR - 5 AM II: 18 900224697479 03/14/12-01008011 **207.50			
2. Principal Office Address - No P.O. Box # 117/6 Sw 93 Texastics Suite, Apt #, etc	e Address W. 93 FeAAFCE		4. State/Country of Formation Closed July 4 5. Date Organized of Qualified To Do Business by Florida				
City & State MiAmi, P/C, Zip Country 33/86 USA	City & State MIA Mi Zip 33186	; F/ Cour U	ntry	6. FEI Numbe	6 0912788	Applied For Not Applicable Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent Name HOLLENSIA C. STRONAN Street Address (P.O. Box Number is Not Acceptable) JALLENSIA JENLACE Suite, Apt #, Etc			E-mail Address: 900224697479 03/14/1201008012 **178.75				
City Mitmi		State FL .	Zip Code 3.378%	(To be used for future annual report notices)			
9. I, being appointed the registered agent of the about Signature of Registered Agent	ove named limited liability	.	am familiar with and a	accept the obligati	ons of Chapter 608, F.S. Date 3/2/22	2/2	
10. Names and Street Addresses of Managing Me Name of	mbers/Managers		reet Address of Each				
Managing Members/ Manag		Mana	aging Member/Manaq	ger w	MIAM, FlA	53186	
MARIA I. 6. MARIA I. 6. ST.	ZORAN 11	117/6 SW 93/mas			900224697479 03/05/12-01003-031 **160.00		
FF \$516.25 Cus 5.00		REINSTATEN			AENT 12		
I certify that I am managing member/manager of filing this reinstatement application the reason file.							

all fees owed by the limited liability company have been paid. The information indicated on this application is frue and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155, F.S.

Signature of Managing

Member/Manager

Date 3/2/2017

Daytime Phone # 305-279-9017

Typed or printed name of signing Managing Member/Manager