

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 NOV 18 PM 9:20

SECRET OF THE STATE  
TALLAHASSEE, FLORIDA

700292482787

DOCUMENT # M15000004583

1. Limited Liability Company's Name

GUZMAN RENEWABLE ENERGY PARTNERS LLC

2. Principal Office Address - No P.O. Box #

101 Aragon Ave  
Suite, Apt. #, etc. 2nd FL

3. Mailing Office Address

101 Aragon Ave  
Suite, Apt. #, etc. 2nd FL

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/11/2015

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature]*

Courtney Williams

Date 11.17.16

REGISTERED AGENT MUST SIGN ASST. Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CFO	Alexis Miller	101 Aragon Ave	Coral Gables, FL 33134
COO	Christopher Miller	101 Aragon Ave	Coral Gables, FL 33134

11. E-mail Address:

AGMiller@GuzmanEnergy.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member

*[Signature]*

Date

11/17/16

Daytime Phone #

3054165346

Typed or printed name of signing authorized representative/member

89 11/18/16

FILED

15 NOV 18 PM 9:20

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 374374 4380133

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : November 17, 2016

ORDER TIME : 3:54 PM

ORDER NO. : 374374-015

CUSTOMER NO: 4380133

REINSTATEMENT

NAME: GUZMAN RENEWABLE ENERGY  
PARTNERS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 NOV 17 PM 5:06