APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 20 PM 1:26

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** Z00549

Luis A. Alvarez Family, L.C.
6800 S.W. 40th St.
Suite 455
Miami, FL 33155

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address
434 Rovino Ave
Coral Gables, Fl 33156

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 3/20/1992
3a. State of Formation: FL

4. FEI Number: 65-033069)
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 5/30/1996

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Luis A. Alvarez
6800 S.W. 40th St.
Suite 455
Miami, Fl 33155

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

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****712.50 ****712.50
FL

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 [signature] Date 11-1-97

| 10. Title | Managing Members/Managers | Business Street Address | City, State & Zip Code |
|---|---|---|---|
| MGRM | Alvarez, Luis A. | 6800 S.W. 40th St. Suite 455 | Miami FL 33155 |
| MEM | Alvarez, Marielle | 434 Rovino Ave. | Coral Gables, FL 33156 |
| MEM | Alvarez, Gina A. | 434 Rovino Ave. | Coral Gables, FL 33156 |
| MEM | Alvarez, Bianca I. | 434 Rovino Ave. | Coral Gables, FL 33156 |

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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 [signature] Date 11/1/97 Daytime Phone # (305)663-1144

Typed or printed name of signing Managing Member/Manager Luis A. Alvarez, Manager