

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

02 JUL 25 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # Z00549

1. Limited Liability Company's Name

Luis A. Alvarez Family Limited Company

2. Principal Office Address

434 Rovino Ave.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

3. Mailing Office Address

6800 SW 40th Street

Suite, Apt. #, etc.

S-455

City & State

Miami, FL

Zip

33155

Country

USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified  
To Do Business in Florida

March 20, 1992

6. FEI Number

650330691

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

Luis A. Alvarez

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

6800 SW 40th Street,

Suite, Apt. #, Etc.

S-455

City

Miami

State  
FL

Zip Code  
33155

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

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
MGRM	Luis A. Alvarez	6800 SW 40th Street	Miami, FL 33155
MEM	Marielle Alvarez	434 Rovino Ave.	Coral Gables, FL 33156
MEM	Gina A. Alvarez	434 Rovino Ave.	Coral Gables, FL 33156
MEM	Blanca Alvarez	434 Rovino Ave.	Coral Gables, FL 33156

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager