

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JUL 28 AM 8:24

**LIMITED LIABILITY  
 COMPANY  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L04000013720

**1. Limited Liability Company's Name**

Vitmore, LLC

**2. Principal Office Address**

c/o Bared and Associate, PA

Suite, Apt. #, etc.

1500 San Remo Ave., #103

City & State

Coral Gables, FL.

Zip

33146

Country

USA

**3. Mailing Office Address**

c/o Bared and Associate, PA

Suite, Apt. #, etc.

1500 San Remo Ave., #103

City & State

Coral Gables, FL

Zip

33146

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
 To Do Business in Florida**

**6. FEI Number**

20-2102901

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

Pablo R. Bared, Esq., Bared & Associates, PA

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 103

City

Coral Gables

State

FL

Zip Code

33146

**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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 7/25/05

**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
M	Roque Vitanza	c/o 1500 San Remo Ave #103	Coral Gables, FL 33146

**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

*R. Vitanza*

Date 7/25/05

Daytime Phone # 305-666-6010 x 12

Typed or printed name of signing Managing Member/Manager Roque Vitanza, Member

CR2E041 (10/02)