

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000001097

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

4 MAR 18 AM 7:58

LL03/18/04

DOCUMENT # L 01000001097

1. Limited Liability Company's Name

OLE SERVICES, LLC.

2. Principal Office Address

723 CRANDON BLVD

Suite, Apt. #, etc.

SUITE PH6

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

723 CRANDON BLVD

Suite, Apt. #, etc.

SUITE PH6

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

01/22/2001

6. FEI Number

651068705

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

FRANCISCO RUIZ

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

723 CRANDON BLVD # PH6

Suite, Apt. #, Etc.

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

02/13/2004

REGISTERED AGENT MUST SIGN

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
MGR	FRANCISCO RUIZ	723 CRANDON BLVD # PH6	KEY BISCAYNE, FL 33149
MGRM	LUCY RUIZ	723 CRANDON BLVD # PH6	KEY BISCAYNE, FL 33149
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			2003 2004
		REINSTATEMENT	

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

02/13/04

Daytime Phone #

(305) 447-6809

Typed or printed name of signing Managing Member/Manager

FRANCISCO RUIZ