

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

<sup>2002</sup>  
**LIMITED LIABILITY COMPANY**  
**REINSTATEMENT**  
*WROR*



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 02 NOV 12 AM 8:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** L01000012713  
**1. Limited Liability Company's Name**  
 ANGELS GARAGES, LLC

500008936155  
 11/12/02--01085--001 \*\*150.00

**2. Principal Office Address**  
 4149 SW 47<sup>th</sup> Ave  
 Suite, Apt. #, etc. 4D  
 City & State DAVIE, FL  
 Zip 33314 Country USA

**3. Mailing Office Address**  
 Same  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. State/Country of Formation**  
 FL

**5. Date Organized or Qualified To Do Business in Florida**  
 7-30-01

**6. FEI Number**  
 36-4459764  
 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 ALAN JACOBY  
 Street Address (P.O. Box Number is Not Acceptable) 5630 Oaktree Ave  
 Suite, Apt. #, Etc. HOLLYWOOD, FL 33312  
 City State FL Zip Code

**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 *Alan Jacoby* Date 11-4-02  
 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
Pres	Alan Jacoby	4021-N. 41 <sup>st</sup> St	Hollywood, FL 33021
VP	Rachel Jacoby	4021 N. 41 <sup>st</sup> St.	Hollywood, FL 33021
		<i>RJK</i>	<i>RJK</i>

**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 *Alan Jacoby* Date 11-4-02 Daytime Phone# 954-914-9203  
 Typed or printed name of signing Managing Member/Manager ALAN JACOBY

CR2E041 (9/01)

11-5-08

LOT 000012713

To whom it may concern,

Please charge our address from:

5630 Oaktree Ave  
Hollywood, FL. 33312

to:

4149 SW 47th Ave  
STE 4D

Davie, FL. 33314

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We were not receiving any correspondence.

Thanks,

Rachel Jacoby  
Manager

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