PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

IMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700168428447
02/10/10--01028--017 **277.50
CR2E041 (11/09)

OCUMENT # L04000083670

.imited Liability Company's Name
APOPKA office WAREHOUSE LLC

WH-8311

Principal Office Address - No P.O. Box #	3. Mailing Office Address
2164 PLATINUM Rd	P.O. BOX 940967
e, Apt. #, etc.	Suite, Apt. #, etc.
SUITE G	
& State	City & State
APOPKA FL	MAITLAND, FL
32703 / Country: ORANGE	Zip: 32794 / Country: ORANGE

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 11/18/04

6. FEI Number: 56-2490255 ☐ 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**

ne: LOUIS G. RONCA

eet Address (P.O. Box Number is Not Acceptable): 403 Lake Dora Rd

te, Apt. #, Etc.

MT DORA | State: FL | Zip Code: 32757

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.
03/19/10--01016--008 **138.75

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.

ıature of
istered Agent _____ Date 2/10/10
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Managing Members/Managers

itles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~MGR~~ Delete	~~LOUIS G. RONCA~~	~~403 Lake Dora Rd~~	~~Mt Dora, FL 32757~~
MGR	CARLA M. RONCA	403 Lake Dora Rd	Mt Dora FL 32757

REINSTATEMENT - 08-10

E-mail Address: LGRONCA@GMAIL.COM
(To be used for future annual report notifications)

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.

ıature of
ıaging Member/Manager _____ Date 2/6/10 Daytime Phone # 407 493-8553

ed or printed name of signing Managing Member/Manager Carla Ronca 3/9/2010
CARLA RONCA, MANAGING MEMBER