

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 JUL -7 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000020827

1. Limited Liability Company's Name

ALEX'S SERVICES, LLC

300156844723  
06/05/09--01004--011 \*\*138.75

300156844723  
07/07/09--01004--011 \*\*138.75  
01064 003

2. Principal Office Address - No P.O. Box #

673 SE 5 PL

Suite, Apt. #, etc.

3. Mailing Office Address

673 SE 5 PL

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

City & State

HALEAH, FLORIDA

Zip

33010

Country

USA

Zip

33010

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida 02/27/2006

6. FEI Number

204442475

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

IVAN PADRON

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

1503B OAK CHASE CT

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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.

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 June 01, 2009.

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
MGRM	ALEXIS O. MULET	673 SE 5 PL HALEAH, FL 33010	HALEAH, FL. 33010
MGRM	IVAN PADRON	1503B OAK CHASE CT WELLINGTON, FL 33414	WELLINGTON, FL. 33414

REINSTATEMENT 08-09

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 608.408, 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 06-01-09 Daytime Phone# 305 303 3060

Typed or printed name of signing Managing Member/Manager

ALEXIS O MULET

*[Handwritten initials]*