2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2009 SEP -9 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000086107

1. Entity Name
SIREN ENTERPRISES, LLC

09092009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
6625 MIAMI LAKES DRIVE SUITE 214 MIAMI LAKES, FL 33014 US	6625 MIAMI LAKES DRIVE SUITE 214 MIAMI LAKES, FL 33014 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14750 NW 77 Ct	Same as principal
Suite, Apt. #, etc.: Suite 306	Suite, Apt. #, etc.
City & State: Miami Lakes FL	City & State
Zip: 33016 Country: Miami Dade	Zip Country

4. FEI Number: ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NERIS & ASSOCIATES, PA 6625 MIAMI LAKES DRIVE SUITE 214 MIAMI LAKES, FL 33014	Name Street Address (P.O. Box Number is Not Acceptable): 14750 NW 77th Ct, Ste 306 City: Miami FL Zip Code: 33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 9/9/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NERIS, ANGEL M 6625 MIAMI LAKES DRIVE, SUITE 214 MIAMI LAKES, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Neris, Janet C 14750 NW 77 Ct, Ste 306 Miami Lakes, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

-08+09

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 9/9/09 3058225513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

C.F