

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2024 APR -8 PM 4:51

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 22000472837

1. Limited Liability Company's Name

Men in Black Extremators LLC

800127290278  
04/08/24 - 01003--001 --377.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
745 NW 132 Terrace  
Suite, Apt. #, etc.

3. Mailing Office Address  
745 NW 132 Terrace  
Suite, Apt. #, etc.

4. State/Country of Formation  
FL, USA

5. Date Organized or Qualified To Do Business in Florida  
11/03/2022

City & State  
Plantation, FL 33325  
Zip Country  
33325 Broward

6. FEI Number  
92-0985236  
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  
Stuart Castaneda  
Street Address (P.O. Box Number is Not Acceptable) Suite,  
745 NW 132 Terrace  
Apt. #, Etc.  
City State Zip Code  
Plantation FL 33325

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  
Signature of Registered Agent SG Date 03/06/2024  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
AR	Neca Calada	745 NW 132 Terrace	Plantation, FL 33325
PRES	Stuart Castaneda	745 NW 132 Terrace	Plantation, FL 33325

11. E-mail Address: Estuardo.guatecast@gmail.com  
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 ownership shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member SG Date 03/06/2024 Daytime Phone # 954-271-2024  
Typed or printed name of signing authorized representative/member \_\_\_\_\_