

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2024 MAY 28 PM 12: 58

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L23000508044

1. Limited Liability Company's Name  
SHANKLISH LLC

900430586859  
05/28/24--01012--015 \*\*233.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1530 SW 109TH AVE		3. Mailing Office Address 1530 SW 109TH AVE	
Suite Apt. #, etc APT 107		Suite, Apt. #, etc. APT 107	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33025	Country US	Zip 33025	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 93-4504162	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

8. Name and Address of Current Registered Agent

Name  
CARLOS A VIEIRA DA LUZ

Street Address (P.O. Box Number is Not Acceptable) Suite.  
1530 SW 109TH AVE

Apt #, Etc  
APT 107

City  
PEMBROKE PINES

State  
FL

Zip Code  
33025

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 CARLOS A VIEIRA DA LUZ Date 05/03/2024  
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
MGR	CARLOS A VIEIRA DA LUZ	1530 SW 109TH AVE APT 107	PEMBROKE PINES, FL, 33025

A. PARISHANI  
MAY 28 2024

11. E-mail Address: ustuempresa@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 signature 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 CARLOS A VIEIRA DA LUZ Date 05/03/2024 Daytime Phone # 3055606166

Typed or printed name of signing authorized representative/member CARLOS A VIEIRA DA LUZ