PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 13 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/16/07--01003--018 **450.00

REINSTATEMENT

DOCUMENT # P04000172513

1. Limited Liability Company's Name

FOREVER A/C

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
50 W 4th St	Po Box 127888
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.
City & State Hialeah, Fl	City & State Hialeah
Zip 33010 / Country USA	Zip 33012 / Country USA

4. State/Country of Formation: Fl, USA

5. Date Organized or Qualified To Do Business in Florida: 12/28/2004

6. FEI Number: 20-2080235 ☐ 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: Alfredo Garcia

Street Address (P.O. Box Number is Not Acceptable): 50 W 4th St

Suite, Apt. #, Etc.: # 3

City: Hialeah State: FL Zip Code: 33010

☐ 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] REGISTERED AGENT MUST SIGN Date: 1/21/07

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
MGR	ALFREDO GARCIA	50 W 4th St #3	HIALEAH, FL, 33010

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 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 1/21/07 Daytime Phone #: (786) 663-1064

Typed or printed name of signing Managing Member/Manager: ____________

B. Mitchell FEB 13 2007

2052

Alfredo Garcia
50 W 4th St Apt 3
Hialeah, Fl, 33010
786 663 1064
alfre9600@aol.com

January 21 of 2007

Florida department of State
Secretary of State
Division of corporation

Document #: P04000172513
Company Name: FOREVER A/C
Subject: To not pay the penalty.

I have not received the post card on 2005 because I have moved from my last address.

Thank you: Alfredo Garcia