

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011980

1. Limited Liability Company's Name

LETS POINT LLC

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

4581 13th Street

Suite, Apt. #, etc.

City & State

St Cloud, Florida

Zip

34769

Country

USA

3. Mailing Office Address

4581 13th St.

Suite, Apt. #, etc.

City & State

Florida, St Cloud

Zip

34769

Country

USA

8. Name and Address of Current Registered Agent

Name

MARIANO GONZALEZ SOLIS

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

4581 13th Street

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34769

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

Mariano Gonzalez-Solis

REGISTERED AGENT MUST SIGN

Date

12/5/2007

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	MARIANO GONZALEZ SOLIS	4581 13 th Street	St. Cloud, FL 34769

REINSTATEMENT

2003-2007

DB

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 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

Mariano Gonzalez-Solis

Date

12/5/2007

Daytime Phone #

321-297-2322

Typed or printed name of signing Managing Member/Manager

MARIANO GONZALEZ SOLIS

FILED

07 DEC 11 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100112952181
12/07/07--01054--016 **350.00

CR2E041 (1/07)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/03/2000

6. FEI Number

65-1045443

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.